If More Manks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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101 010	Registration Di		
No	wing give its NAME	nstead of street and r	Ward
	of foreign birth?		
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71.	X		
St., Ward.	/ 16	ve city or town and	State
MEDICAL C	ERTIFICATE		State
21. DATE OF DEATH	The state of the s	O. BEATTI	
21. DATE OF DEATH	17ch.	215	. 193
**************************************	(Month)	(Day)	(Year)
22. , I HEREB	YCERTIFY	. That I attended	deceesed from
2/14/36	, 19, to 2	25	, 19 36
1 last saw h alive on	2/251	1936	; death is sald
to have occurred on the dete stat	ed ebove, at 8-0	elast.	
The PRINCIPAL CAUSE OF DEA		of importance	
were as follows:			Date of onset
Lobas (1)	7	- '0	3/2/21
No voi			4.11.26
Other Contributory Causes of Imp	ortence:		
			-
		······	
Neme of operation		Dete of	
Whet test confirmed diagnosis?			
23. If deeth wes due to external ce			
Accident, suicide, or homicide?	D:	ate of injury	, 19
Where did Injury occur?	KSpecify city or to	own, county and Stat	(2)
Specify whether injury occurred	in INDUSTRY, in HOM	E, or in PUBLIC PL	ACE.
	f		
Menner of injury			
Neture of Injury			
24. Wes diseese or Injury In any			yes
If so, specify Syste	man le	frome)	
(Signed) Lawr	en ee wr	greene	M. D.
(Address)	magro	llo T	ud,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
SURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of ACCTIDA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County - THIN COTTONATE LINE	Registration Dist. No.
Village or City Thanks The	No 36 Taylor St., Ward
// // 4	death occurred in a horpital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Jane Black	tow
(a) Residence: No. 36 Taylor	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.8EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  MASS A BLACKSON-	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unknown 1868	I last saw h alive on
7. AGE Years   Months   Days   if LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Landity"
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11-1-1-0
Date deceased last worked at 11. Total time (years)	Veay Hailing
this occupation (month and year) spent in this occupation	Cause of death: aterior relevania. Que & R.
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance: Survation; not stated
(State or country)	
13. NAME // allu dine	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Frank Olmes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MATERIAL Bleechon-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Piace British Till Date Tels. 1931	Nature of Injury
19. UNOERTAKER - O. Johnson	24. Was disease or injury in any way related to occupation of decaased?  If so specify for the Melinestone of the specify of the specific of the specify of the specific of the specify of the specific
20. FILED. 2. 2. 4. 19.36 AMMY Registrar.	(Address Innepoles md
16 days to the second of the s	N Cl. J. Co., P. L. P. G. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentéritis	1 year

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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Menner of Injury	1000	CERTIFICATE OF DEATH	OF MARYLAND—	STATE (
Village or City  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town and Steel Section 1 of the Sectio	125:	108	A	PLACE OF DEATH
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Langth of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. SINCLE, MARRIED, WIDOWED  OR DIVORCED (write the word)  For Divorced (Gro) wife of	St., War	No. Postly entry to the state of street death occurred in a hospital or institution, give it NAME instead of street	apo o lo	Village or City Amna
(a) Residence: No.				Length of residence in city or town where
(a) Residence: No.    Marident pive city or town and State   Marident pive city or town and State		lest Blunt	Eugaie Imoge	FULL NAME
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word)  54. If married, widowed, or divorced (or) WIFE of (or) WIFE of  5. ATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Mays  It LESS than 1 day,		Retire Word !	ichtord! west	(a) Residence: No. Chure
3. SEX  4. COLOR OR RACE OR DIVORCED ("arrite the word)  5. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days It LESS than 1 day, mins.  1 ast saw h				
OR DIVORCED (write the word)  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  ILESS than 1 day, hrs.  Or. min.  8. Trade, profession, or particular kind of work dome, as SPINNER, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  OD  OD  OD  DIVORCED (write the word)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  Were as follows:  What lest confirmed diagnosis? Illument (State or country)  Where did injury occurred  T. ANFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Menner of injury	EATH			
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Uays If LESS than 1 day	(Year)	(Month) (Day)	· · · · · · · · · · · · · · · · · · ·	married, widowed, or divorced
TAGE Years Months Days If LESS than I day,	attended deceased fro	22. HEREBY CERTIFY. That latten	se Blunt.	(or) WIFE of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, College of Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, College or business in which work was done, as SPINNER, College or business in which work was done, as SPINNER, which was done as SPINNER.  12. BIRTHPLACE (city or town)	. 19_36.; death is sai	I last saw h la alive on # 1 1 19	Oct. 14-1898	TE OF BIRTH (month, day, and year)
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?   Was there an euto (State or country)  What test confirmed diagnosis?   Was there an euto (State or country)  What test confirmed diagnosis?   Other (Specify city or town, county and State)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)  18. BURIAL, CREMATION, OR REMOVAL				E Years Months
Name of operation  State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  18. HOLDS AWYER AND	Date of onse	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows		3128 4
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  What test confirmed diagnosis?  Was there an euto (State or country)  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Menner of Injury  Menner of Injury		1 Top hellunes	26 1	8. Trade, profession, or particular kind of work done, as SPINNER.
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12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. MFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Occupation  Other Contributory Causes of Importance:  Other Contributor			11. Totel time (years) spent in this	O. Date deceesed last worked at
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Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Menner of Injury  Menner of Injury	following:	23. If death was due to external causes (VIOLENCE) fill in also the follow	Duckmery.	5. MAIOEN NAME / let Asa'
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17_NFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)  18. BURIAL, CREMATION, OR REMOVAL  Menner of Injury	v and State)	(Specify city or town, county and	n ma	(State or country)
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menner of injury			thurstole of	
Place Alexander of M. C. Oate 25 / 19-36 Nature of Liver			nd Oate 25 / 200 19.36	11/11/11/11
19. UNDERTAKER 6 1006 Rechard 24. Was disease or Injury In any way related to occupation of deceased?	eased? W		Theks 4	1.6.16
(Address) Commande of Man If so, specify	12-1	If so, specify	afratio and	(Address) Unna
20. FILED 2.2/ 19.36 Medistrar. (Signed) Well h. Wedlisa and (Address) with a large with the weather and the control of the co	asa M.I		Registrar.	ED 2.2/ 19.36
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				If more

V. S. No. 1

MARGIN RESERVED

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
98610			
Other contributory causes of importance 47/1/		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 12

1. PLACE O		.1		23	70	20	
County	Anne Arund				Registration Dist. N	Vo. 20	J
Village or C	ity Jessups,	Maryland		No. Md. Hous death occurred in a hospital or inst	e of Correct	tion	Ward
Length of resi	idence In city or town where	death occurred	yrsmos	ds. How long in U.S.i	if of foreign birth?)	/rsmos.	ds.
2. FULL NA	ME Harry B	ranch			*		
(a) Residen	ice: No	(Usual place of	abode)	St., Ward.	NOT A VET		ate
PERSON	IAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL	CERTIFICATE OF	DEATH	
3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH	February .	18,	93 <b>6</b> (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREB	BY CERTIFY, Th	**	
6. DATE OF BIRTH 7. AGE Yea 2	(month, day, end year)  ors Months  general Control of the control	8/1/06 Days	If LESS than I day, hrs. or min.	January 6  I last saw h im alive on to have occurred on the dete st The PRINCIPAL CAUSE OF DE were as follows:	February 17 ated above, at 5:20	, 19 36; A.M.	death is sald
SAWYER, 9 Industry or work was SAW MIL 10. Date deceas this occu	work done, es SPINNER, , BOOKKEEPER, etc		ne (years) in this etion	Tuberculosis Other Contributory Causes of in		eum	
(Stete or cour	ntry) James	Brown	iia/	Chronic pulm	onary tuber	culosis	
13. NAME  14. BIRTHPLACE  (State of	(city or town)	aaku	vur	Name of operation			
15. MAIDEN NA 16. BIRTHPLACE (State or  17. INFORMANT		AAJu	ws.	23. If death was due to external accident, suicide, or homicide?. Where did injury occur?	(Specify city or town,	injury	
18. BURIAL, CREMAT	ION, OR REMOVAL	Date Fely	24,1036	Manner of injury			
19. UNDERTAKER(Address)	Porewe,	ya.	20 1	24. Wes disease or injury in any			
20. FILED Ely	22,1036 4	Mara Ma	Masleefi L Registra	(Signed)	Jessups, Ma	ryland.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PHYSICIANS should state AD. Every item of infor-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 1287
1. PLACE OF DEATH	(8)(4)
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State Hosp	ital No. St. Ward
Length of residence in city or town where death occurredyrs11	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos26ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ir one Brogden	If U. S. Veteran, specify WAR
(a) Residence: No. At Large, Maryland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female  4. COLOR OR RACE black  5. SINGLE, MARRIED, WIDOWED, OR. DIVORCED (write tha word)	21. DATE OF DEATH  February 15th  (Month)  (Day)  (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceased from
2007	19, 19, 19, 19
7. AGE Yaars   Months   Days   If LESS that	i last saw h. ex. alive on Feb. 15th , 19.36; death is said to have occurred on the data stated above, at 5. A. m.
1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Miliary tuberculosis  Date of one at
8. Trade, profession, or particular kind of work dona, as SPINNER, SCHOOL girl	made I, who I out out o
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc SCIOOL girl 9. Industry or businoss in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance;
E Manuland	
14. BIRTHPLACE (city or town) METY LETIO (Stata or country)	Name of operation Data of
置 15. MAIDEN NAME Ida Jordan	What tast confirmed diagnosis?
15. MAIDEN NAME Ida Jordan 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
IT, INFORMANT Hospital Records (Address) Crownsville Maryland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of that leen Date 19, 19	Nature of injury.
19. UNDERTAKER D. P. P. Weaker duff	24. Was disaase or injury many way related to occupation of deceasad?
20. FILED 2/19 , 1936 & 7. Joyy	If so, specify (Signed) M. D. M. D.
Registrar.	(Address) Cl'Ownsville, Marylend

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example J		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1938	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 5 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	11/2	
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state AGE should be stated EXACTLY. PHYSICIANS snound served and stated of OCCUPA-RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

Z	Id		05
GI	FA	ied.	ns
MARGIN	N. BWRITE PLAINEY, WILL UNFADI	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, so
Z		Su	in.
		ılly	20
	M	refi	12.
4	7	cal	LH
	4	pe	₹.
	Y	pla	6
	4	hor	Ë
	TE	u s	1
	/RI	tio	LI
. 1	=	ma	C
N.	B		
V. S. No. 1	ż		

STATE	OF MAR	RYLAND—	CERTIFICAT	TE OF DEA	ATH 128	88
1. PLACE OF DEATH	11		(8)	Х		2,0
County All	W	ald a	4	Registration	Dist. No.	
Village or City 7/22	we od	J. J. W	death occurred in a horpital	or institution, give its NAM	E instead of street an	Wa number)
Length of residence in city or town wh	ere death occurred	yrsmos		U.S. If of foreign birth?		
2. FULL NAME XX	plus!	0322	2 host			
(a) Residence; No.		V.	St., Ward.	X		
(a) nesidence. No.	(Usual place	e of abode)	St.,watu.	If nonresiden	t give city or town a	nd State
PERSONAL AND STATI	STICAL PART	ICULARS	MEDIC	AL CERTIFICATI	E OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DE	ATH		
Female Col	OK BIVOKE	ED (Wille the Word)		(Month)	(Day)	, 193 (Year)
ia. If married, widowed, or divorced HUSBAND of		1			(55)/	(7,04.7)
(or) WIFE of	-		22. 1 HER	2	Y, That I attend	ed deceased f
	Feb. 3, 19	36	I last saw h	1936, to		19.
5. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	1	If LESS than	to have occurred on the d	0.	10-2- all	<del>death</del> is s
Ct no	Jays	1 day,hrs.		OF DEATH and related caus	ses of importence	
8. Trade, profession, or perticular	the -	ormin.	were as follows:			Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			10/10			
9. Industry or business in which			- Chelolo	V. D. Jeek		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc						
10. Date deceased last worked et this occupation (month and	11. Total	time (years)			******	
year)	OC	cupation	Other Contributory Causes	of importance:		
12. BIRTHPLACE (city or town)	22110	0 404	7			
(State or country)	w as	u de				
13. NAME COLLLE	1 buo	B300 /	02			
14. BIRTHPLACE (city or town)			Name of operation		Date of	
(otate of country)	ule (	Bund	What test confirmed diegn	osis?	Was there e	n autopsy?
15. MAIDEN NAME (15. BIRTHPLACE (city or town))	belh	Loualle	30 di desar was due to exte	ernal causes (VIOLENCE) f	fili in also the follow	ing:
16. BIRTHPLACE (city or town)		~	Accident, suicide, or homi	cide?	Date of injury	, 19
(State or country)	ul a	seedes	Where did Injury occur?	(Specify city o	r town, county and S	itata)
17. INFORMANT COCCUL	ebun a	Brook	Specify whether injury occ	curred in INDUSTRY, in H	OME, or In PUBLIC	PLACE.
(Address) 8. BURIAL, CREMATION, OR REMOVALY	arrova	2/1	Mannag of !-!			*****
Place news Ch	apellate	74,1976	Manner of injury			
9. UNDERTAKER Columnia (Address)	trus De	ovsks	24. Wes disease or injury i	n any way related to occup	pation of deceased?_	
20. FILED 74, 1936	M.A.	Claytor Registrar.	(Signed)	132	Less	
***	- Syp		2411 N. Charles Street, Baltin		Berger	

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	Example I		Example II	
The principal eause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3000	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis AR 7 1550	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. J. V. S.	July 5, 1927	Peritonitis	3 days ago
	Contract			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

County a C WITHIN CORPORATE LIMITARY  No.  Village or City and Maryland  No.  (If death occurred in a horpital or institution, give its NAME instead of street Length of residence in city or town where death occurred 75 yrs, mos. ds. How long in U.S. if of foreign birth?  2. FULL NAME Fune Brain  (a) Residence: No. 3 1 Farthern  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  WARVELLAND  5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of Widow 4 R W Brain  (Day)  1. HEREBY CERTIFY That I att	
(If death occurred in a hospital or institution, give its NAME instead of street Length of residence in city or town where death occurred 75 yrs, mos. ds. How long in U.S. if of foreign birth? yrs, ds. How long in U.S. if of foreign birth? yrs, mos. ds. How long in U.S. if of f	21
2. FULL NAME June Brain  (a) Residence: No. 31 Jarlain  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced William  (Month)  (Day)	
(a) Residence: No. 31 Jarlain  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of Color of the colo	mosas.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of Control of the state o	
3. SEX  Lemule 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSBAND of 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The same of the sam	n and State
Flowele Col Widowed  Sa. If married, widowed, or divorced HUSBAND of  A COLOR DIVORCED (write the word)  (Month) (Day)	ТН
HUSBAND of A O / / / 22 I HED ED'Y CED TIEVI That I all	, 193.6 (Year)
	ended deceased from
Q13 s P	death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1:20.1.m.  I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:    Strade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	199
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 20 plant 11. Total time (years) this occupation (month and 20 plant 1)	
SAW MILL, BANK, etc	
spent in this	.OR.
Occupation  Other Contributary Causes of importance:	
(State or country) a a runty mid	
13. NAME Charles Donage	
13. NAME Thanks Down as 14. BIRTHPLACE (city or town) Povids unfield Name of operation Dai	e of
(State of country) and carry Maryluma What test confirmed diagnosis? Was the	re an autopsy? NO
15. MAIDEN NAME Softua. Wolls 23. If death was due to external causes (VIOLENCE) fill in also the fo	llowing:
15. MAIDEN NAME Soffice. Wolls  23. If death was due to external causes (VIOLENCE) fill in also the formation of the property	, 19
(Specify city or town, county a	
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBL (Address)	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury	
Place Brows Fiel senty Date 2 5 Th, 19-36 Nature of injury	
19. UNDERTAKER R. L. Janhum 24. Was disease or injury in any way related to occupation of decease	ed? NO
(Address) 3 6 Lalyette Ave anythin Ild If so, specify	
20. FILED 23 5 , 19 26 9 99 30 5 (Signed) (Signed)	M. D.
Registrar. (Address)	na /

S. No. 1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
LURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	18	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more Wanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis B C C V E D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
WEARTHU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year -	

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	NENT ECOND. Every item of inf	DUVOICIANG ALAMIA
	L	
ING	NEN	VITTO

of OCCUPA.

statement

Exact

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	-CERTIFICATE	OF	DEATH	129
OF DEATH							100

	OF DEATH	7	- Can	2.	10 10 1/
• -					Registration Dist. No.
Village (	or City Crown	svil	Le Sta	te Hospi	t & Rio.  St., W  (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of	residence in city or town	where death	occurred	L_yrs. 2mos	ds. How long In U. S. if of foreign birth?yrsmos
2. FULL !	NAME JOS	e ph	reek		If U. S. Veteran, specify WAR
(a) Resi	idence: No. Bal	timo	re. Ma		St., Ward.  If nonresident give city or town and State
•					
3. SEX	ONAL AND STAT				MEDICAL CERTIFICATE OF DEATH
male	black		R DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb. 26th (Month) (Oay) (Year)
HUSBAND					22. I HEREBY CERTIFY, That I attended deceased f
(or) WIFE o	of		,		December 22 19 34, to Feb. 26th 19 3
6. DATE OF BIR	TH (month, day, and year)	I	879		Hast saw N.M. alive on Peb. 26th 19 36; deeth is
7. AGE	Years Mont	hs lcnowi	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 9:36Pm M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, p	rofession, or perticular of work done, as SPINNE YER, BOOKKEEPER, etc	R. T.	bores		Cerebral arteriosclerosis ?
9 industry	or business in which				
	was done, as SILK MILL, MILL, BANK, etc	**********			
	ceased last worked at occupation (month and		Sp81	ime (years) nt in this upation	
12. BIRTHPLACE	E (city or town) Ma	rylar		Jpatton	Other Contributory Causes of importance: Se ni lity
. 1	Unknown				
14. BIRTHPL		nknov	vn		Name of operation. Oate of
		01::30			What test confirmed diagnosis?
	UIIAI		iknowr	2	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	LACE (city or town)te or country)		FPFFF MY	A	Accident, sulcide, or homicide?
17. INFORMANT .				rland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	MATION, OR REMOVAL	1	7 >	20114	Manner of injury
Place	william.	· my	m. Mill	ar 2, 1936	Nature of injury.
19. UNOERT AKER	reorges T. a.	Sel a	cord.	Belleviled	24. Was disease or injury is any way related to accupation of decreased?
20. FILED 2	36,19	2.7	· Je	7 C Registrar.	(Signed) Crownsville, Maryland
	Ij	more blanks	are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	CHECK TO
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- BLANTSKUL YES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1 1 1 1 1 1		monte alice

Exact statement of OCCUPA-

properly classified.

important. See instructions on back of certificate.

TION is ver

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stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AGE should be

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, V. S. No. 1 m

1. PLACE OF DEAT	тн		YLAND—	CERTIFICATE OF DEATH 1293	3
ounty	ne Arunde			Registration Dist. No.	1
Village or City	Crownsvil	le Sta	ate Hospi	talo. St.,	Ward
Length of residence in ci	ty or town where deeth	nccurred	vre 2 mas	death occurred in a hospital or institution, give its NAME instead of street and not also death.	ımber)
	Villiam J				us.
			-34	If U. S. Veteran, specify WAR	
(a) Residence: No	Dorchest	(Usual place	inty Mar	y 1 Stnd Ward.  If nonresident give city or town and S	State
PERSONAL AN			The state of the s	MEDICAL CERTIFICATE OF DEATH	
male bla	ck	SINGLE, MAR OR DIVORCEI Marrie	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 10th (Month) (Day)	193.6 (Year)
5a. If married, widowed, or divo HUSBAND of (or) *IFE-of-	Viola C	reight	on	22.   HEREBY CERTIFY, That I attended d December 2nd 19 35 to February 10	eceased from
6. DATE OF BIRTH (month, day	, and year)	1896		Hast sew h im elive on Feb. 10th 186	
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, et 12:30A.M.	
40?	Unkn	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trede, profession, or pe kind of work done, SAWYER, BOOKKEE	rticular as SPINNER, PER. etc.	Farm	handl	Exhaustion due to prolonged mania	Date olonset
8. Irede, profession, or pe kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, es S SAW MILL, BANK, e	which				
10. Date deceased last wor this occupation (more year)	ked et ith and	sper	me (years) It in this pation		
12. BIRTHPLACE (city or town). (State or country)	Maryla	nd		Other Contributory Causes of importance: Manic depressive - manic type	
	nes Creigh	nton			
13. NAME Jam  14. BIRTHPLACE (city or to (Stete or country)	Manus			Neme of operation Dete of	
	Mary Harr	ris		What test confirmed diegnosis? Wes there an eu	
15. MAIOEN NAME  16. BIRTHPLACE (city or to				23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
7. INFORMANT HOSDI	tal Recor		Swa Fee	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR R	EMOVAL AL D		12,193E	Manner of injury	
19. UNDERTAKER 7400		odere	f	24. Was disease or injury in any way related to occupation of deceased?	-

(Address) Grownsville If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Legistrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 1930	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributers of i			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
----------	-------	------	--------	------	----	-------

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1. PLACE OF DEATH	
County anne arundel	Registration Dist, No.
Village or City Lalesville	No. St Ward
Length of residence in city, or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME Sameul Hopkins Co	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (morite the word)	
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 21 1935	I last saw h Ma alive on tel 17th 1920; deeth is seid
7. AGE Years Months Days If LESS than	The state of the s
20   1 dey,hin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	DATAL TO PARAMENTO TO LISTON
9. Industry or business in which work was done, as SILK MILL,	Paisman A.
SAW MILL, BANK, etc  10. Date deceased last worked et	Tause, linknown. Cirso.
O this occupation (month and spent in this year)	not preceded by measles, or any other con-
DIPTURY ACT (city or Asym) And Park Act of the	Other Contributory Causes of Importance: tagious diseases
12. BIRTHPLACE (city or town) Salls NTSSS . (State or country) Md .	A
13. NAME Benjamen Crowner	
13. NAME Benjamen Crowner 14. BIRTHPLACE (city of town) Lalesville	Name of operation. Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy? M
15. MAIDEN NAME Mannie Boose	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Lalesvelle	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT //anne Soone Crowner (Address) Galesville	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vallaville Date VIII /4, 193	Nature of injury
19. UNDERTAKER . G. Hardysty & Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Galesville Md	If so, specify
20. FILED 1936 The Caylor	(Signed) Address) 24 - Wash M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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li li	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1295
1. PLACE OF DEATH	73-3 20
County U. Le. Co.	Registration Dist. No. 2 /
Village or City WITHIN CONFORM E LIMI	No. Emergency Josp. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME John frumwe	L. If U.S. Veteran specify WAR
(a) Residence: No// Olesent	St.,Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RAPE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY (Month) (Day) (Year)
52. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lune 10-1898	I last saw h_1122_ alive on Feld 4, 193 6; death Is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2.40 Am.
31 7 24   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dome, as SPINNER,	hronic Cartitis Onte of onset
SAWYER, BOOKKEEPER, etc	Chronic Myoenrolpy ?
Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  Occupation	
12. BIRTHPLACE (city or town) Linnaporlio	Other Coutributory Causes of Importance:
(State or country) A Mod,	Julmmury Edema 2/3/36
13. NAME / homos Gumuell.	
14. BIRTHPLACE (city or town) thungod to (State or country)	Name of operation Date of
15. MAIOEN NAME As Rescale	What test confirmed diagnosis? Was there an autopsy?
13. MAIDEN NAME CENERACY.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) / Charge (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place les ley ley Date de - 0, 1936	Nature of injury
19. UNDERTAKER Office & Suchs (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 2 1, 19 36 9 Muskel	(Signed) Magnie & Kawaus M. D.
Kegistylr.	(Address) S. L. Str. Mary and W.

If more Clanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 10 = 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH 129	6
1. PLACE OF DE	ATH			948	
County Ann				Registration Dist. No.	
Village or City_C	rownsvil	le Stat	e Hospita	No. St., death occurred in a hospital or institution, give its NAME instead of street and t	Ward
Length of residence in	city or town where	death occurred	yrs, <b>Z</b> mos	t death occurred in a hospital or institution, give its NAME instead of street and research.  4ds. How long in U.S. if of foreign birth?yrs	iumber) osds.
2. FULL NAME		shield		If U. S. Veteran, specify WAR	
(a) Residence: No.				St., Ward. 23 X-	*******
		(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male C	olored	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,  O (write the word)	February 9th 1936 (Dey)	, 193 (Year)
5a. If married, widowed, or d HUSBAND of Beu (or) WIFE of	lah Her	ıry		22. I HEREBY CERTIFY, That I attended Nov. 7 1925, to 2/9/36	
6. DATE OF BIRTH (month,	day, and yeer)	arch Is	t.1894	I last saw h im alive on 2/9/26 19	; death is seld
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at IO . A .m.	
42	II	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
8. Trade, profession, or	perticuler				Data of onset
	a, as SPINNER, EEPER, etc	iter		Thrombosis in right ventricl	2/1/36.
9. Industry or business work wes done, e SAW MILL, BANK	s SILK MILL,				
Dete deceesed last v this occupation (r year)	vorked et	j <b>3</b> p9	ime (years) nt in this		
to Dintini tor / in	Snow			Other Contributory Causes of Importence:	131.36
12. BIRTHPLACE (city or tow (State or country)	Morceste		***************************************		
13. NAME Stewa	ar Déash	ields			
14. BIRTHPLACE (city or (Stata or country	tomil/	yland	****************	Name of opered Incision of lung abcass What test confirmed diagnosis? Clinical Was there en a	,I/28/3
15. MAIDEN NAME ME	ollie Da	shields		23. If death was due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or (Stete or country	,	ryland		Accident, suicide, or homicide? Date of injury	,19
- A	spital R	ecords State	Hospital	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	cCE.
18. BURIAL, CREMATION, OR	REMOVAL	Dete 7/12	136,19	Manner of injury	
19. UNDERTAKEN 9.	John Just St.	son	ter but.	24. Wes disease or injury in any wey related to occupation of deceased?	2
20. FILED 2 14	, 19 <b>3</b> b	Jama	Regisfrar.	(Signed OWNSVILLE State Hosp. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.
	If more	blanks are needed, a	ddress State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1831

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 27	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritish	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

should state OCCUPA-

item of

1. PLACE OF

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 125
C. a.	Co.	Registration Dist. No. 2 G
Shadi	acole	No. St., Ward
	e death occurre 4 yrs. 1 mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. if of foreign birth?yrsmos,ds.
Ellex	Usual place of abode)	Ward.  If nonresident give city or town and State
L AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVOCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ordivorced leur	a Semi	22. I HEREBY CERTIFY That attended deceased from
onth, day, end year)  Months	Jan - 3/, 1872  Days   If LESS than	i last saw h alive on 228, 1936; deeth is seid to heve occurred on the date stated above, et. 10A.m.
MOUGHS	1 dev. hrs.	

County \_\_ Village or Cit Length of reside 2. FULL NAM (a) Residence PERSONA 5e. If married, widower HUSBAND of (or) WIFF-of 6. DATE OF BIRTH (m 7. AGE Years or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, 6te Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... Date deceased lest worked et 11. Totel time (yeers) this occupation (month end spent in this occupation vear) \_\_\_\_\_ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or (State or equatry) FATHER Name of operation 14. BIRTHPLACE (city on (Stete or country What test confirmed diagnosis?\_\_\_\_ MOTHER 15. MAIDEN NAME 3. If death was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) Nature of injury Was diseese or injury any way related to occupation of deceased? (Address) If so, specify Registrar.

V. S. No. 1 B

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V S July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

V. S. No. 1

		ST	ATE O	F MARY	YLAND-	CERTIFICATE OF DEATH 1298	
1	PLACE OF	F DEATI	1	N		<b>3</b>	
	County		a.	U.	10.	Registration Dist. No. 2	
	Village or Ci	ity_	inne	un oli	4	No. Queens Ville St. W.	ard
			/	1		death occurred in a hospital or institution, give its NAME instead of street and number)	4.
		/	or town where	Diags	yrs mos	ds. How long in U.S. if of foreign birth?	.ds
2	. FULL NAM	MEC	12ab	4	Lucry	If U.S. Veteran specify WAR.	
	(a) Residence	ce: No	Hud	(Usual place of	( ahode)	St., Ward.  If nonresident give city or town and State	
	PERSON	AL AND	STATISTIC	CAL PARTIC		MEDICAL CERTIFICATE OF DEATH	-
3. S		4. COLOR		5. SINGLE, MARR	HED, WIDOWED,	21. DATE OF DEATH	
		_	Cof	OR DIVORCED	(write the word)	(Month) (Day) (Year)	
5a.	If married, widowe	ed, or divorce	ed /	/	ya.	(Month) (Day) (Year)	
	(or) WIFE of					22. I HEREBY CERTIFY, That I ettended deceased f	ron
			1	7 / 1	100/	, 19, 10, 19, 19	
6. D	GE Year		nd year) Months	Days	-1936	I last saw h; daath is	said
1. 7	GE 1641	15	WOULDS	Days	1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	9 Tendo profes	sian as nasti	au lan	<u> </u>	ormin.	were as follows: Date of on	set
NO	kind of w	ork done, as	SPINNER,				
PA	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  J. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at 11. Total time (years)		# 000.	•••			
nooo	SAW MILI	L, BANK, etc				* Millouty	
8	this occup	ed lest worke betion (month	d at and	spen !	t in this		
	year)	unil	le.	00:10	petion	Other Contributory Causes of Importance:	
12.	State or coun		sin	rago or	G. Cr.		
<b>E</b>	13. NAME	21/		B	· Cr.		
FATHER		pine	lin	in our	Hi		
FA	14. BiRTHPLACE (State or		)	10000	Cas	Name of oparation Date of	
2	15. MAIDEN NAM	0	alona o	hli	de a si	What test confirmed diagnosis? Was there an autopsy?	
MOTHER			/	-	of cop.	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
욽	16. BIRTHPLACE (State or		)	Daniel.	Pour	Accident, suicIde, or homicIde? Date of injury, 19	
		ma	res 5	Dicion	y can	Specify city or town, county and State  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
17.	(Addross)	1	The sa	A VI	a. md.	Specify minding in mighty occurred in modern in modern in modern react.	
18.	BURIAL, CREMATI	ION, OR REN	OVAL .	1		Manner of Injury	
	Plece_	·····	) Lucy	Date 2	9 36	Neture of injury	
19	UNDERTAKER	Par	Sur 6	1 Wie	Rus In	24. Was disease or injury in any wey related to occupation of deceased?	
- 1	(Address)		mn	sino.	lis my	If so, specify	
20.	FILED 2 9	19.	36 X	AM W	W	(Signad) Juffeene	1. [
	-		0		Registrar.	(Address) Comapolis planet	
			If more b	lanks are needed, ac	Idress State Registrar.	2411 N. Charles Street, Baltimore, Requesting T). S. No. 7	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 5 1936		•		
Other contributory causes of importance:	- T T- (1)	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

Registrar.

(Year)

Date of enset

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Example I	Ti di	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1/ S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1302
County Anne Arundel	Registration Dist. No. 22.
Village or City Jessups, Maryland	No.Md. House of Correction St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME James Eason	Not known if a Veteran 23X-
(a) Residence: No. (Usual place of abode)	St., Ward. Show Hell Mo- If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH February 23, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. Fig. 1 HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) (huk nown	I last saw h. see falive on Faut 2 3 193 6 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$10 Cm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
Trade profession or particular	Dats of onset
SAWYER, BOOKKEEPER, etc.	Ulcerative Pulmonary
9. Industry or business in which work was dona, as SILK MILL,	Tuberculosis
SAW MILL, BANK, etc	
this occupation (month and luckus or occupation this year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stata or country)  North Carolina	Tulmentons benitorates
E 13. NAME Muxur	Colonia a Constitution
13. NAME MUSLUSSUS 14. BIRTHPLACE (city or town)	Nama of operation
(Stata of country)	What test confirmad diagnosis?
15. MAIDEN NAME	23. If daath wes due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VILLEY TISELLES MIT.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Data Pula 19.39	Neture of injury
TO UNDERTAKER A T COLLUS	24. Was diseasa or injury in any way related to occupation of dacaased?
(Addyess) Charles	If so, specify
20. FILED tely 26 , 1936 Whare M. Harelup	(Signed) M. D.
Registrar.	(Address)

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Example I	(	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ex	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis S A	3 days ago	
		355 9 477	1	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in O.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Months If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ back 9. Industry or business in which work was done, as SILK MILL, may SAW MILL, BANK, etc ... 10. Date deceased last worked et no 11. Total time (years) this occupation (month end spent in this that occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. ma (State or country) What test confirmed diagnosis? important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur? ... pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANCE plnods (Address) OF 18 BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addness) If so, specify Registrar. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-h	Example II	4
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ashin	EALTON F	CE FOR FUR	THER STATE	MENTS BY PHY	SICIAN	
alery	eousins	and o	bone	dan	1 -n	und
		1 -				
		XONY				

WRITE PLAINLY, WITH UNFADING INN - I III. IN A STATE T. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLA	AND-CI	ERTIFICATE (	OF DEATH	1201
1. PLACE OF DEATH		107	2 -	9/
County . So		APONATE LIMITE RE	Registration Dist. No	7
Village or City at Pruta College		No. Omergen		partae Ward
Length of residence in city or town where death occurred	27 Higheat	ath occurred in a horpital or institut	f foreign birth?yrs	
2. FULL NAME 12 Ha Plan	leer	wood	~	
(a) Residence: No. 27 mugse	the	St Ward.	^	
(Usual place of abod	6		If nonresident give city	
PERSONAL AND STATISTICAL PARTICUL			ERTIFICATE OF E	EATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write	e the word)	1. DATE OF DEATH	(Month) (De	) 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.	2. HEREBY	CERTIFY That	i ettended deceesed from
6. DATE OF BIRTH (month, day, and year)	9191	l last saw h. L. alive on	HW. 21	, 1934; death is said
7. AGE Years Months Deys if		to have occurred on the date state	d above, et 8m.	N.
	y,hrs. T	The PRINCIPAL CAUSE OF DEAT were as follows:	H end related causes of impo	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	ucher	Breedy - 1/2	hermenna	Fil 9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				19.36
1D. Date decessed last worked et this occupation (month and year)	ers)			
12. BIRTHPLACE (city or town) Dt masses (State or country)	K -	Other Contributory Causes of impo	tyles	Frl. 9
13. NAME John To Reelwood	001	Canada Const	. v	
13. NAME / 12 Lecture 14. BIRTHPLACE (city or town) St. Markgret	to 1	Name of operation.	<u> </u>	Date of
(State or country)	v	What test confirmed diagnosis?	bullal w	as there an autopsy? W
15. MAIDEN NAME Lettil Stevens	23	3. if death was due to external cau	ses (VIOLENCE) fill in also	the following:
16. BIRTHPLACE (city or town) 16. State or country)		Accident, suicide, or homicide?	Date of in	jury, 19
17: INFORMANT Settlise IT Settlise (Address) of males of the		Where did injury occur?  Specify whether injury occurred in	(Specify city or town, co I INDUSTRY, in HDME, or in	unly and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Browdnich Date Trale	2661026	Manner of injury		<i></i>
To, UNDERTAKER 13. 14 hours (Address)	24	4. Was diseese or injury in eny walls so, specify	ay related to occupation of d	eceased? Up-
20. FILED. 2. 2. 4., 19.36 Mmp	Registrar.	(Signed) (Address) . (Address)	wohlis	uda M.D
If more blanks are needed, address:	State Registrar, 241	zz N. Charles Street, Baltimore, Re	questing D. S. No. 1	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importances Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 uear

1. PLACE OF DEATH  County  Village or City and alorles  When the state of the state	Registration Dist. No.  Registration Dist. No.  Not 3  St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. Haw long in U. S. if of foreign birth? yrs mos ds.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) OR DIVORCED (white the word)	21. DATE OF DEATH (6 (Day) (193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Nuck Xlovesland	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 126-1889	t last saw here alive on Helle, 1976; death is sald
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 0.30 4m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, etc. 49. Industry or business in which	Carcerana f rt boot guns !-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 1434
10. Date deceased last worked et this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) North Carolinia (State or country)	Other Contributory Causes of importance: lung lee-13:
13. NAME Jolph Elveridge	, ,
13. NAME Tolph Elliesidge.  14. BIRTHPLACE (city or town) Couch Coardina	Neme of operation fleword unt Date of June 125 What test confirmed diagnosis? Church the Was there any autopsy? UT
15. MAIDEN NAME Clarkson	23. If death was due to external causes (ViOLENDE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Y. INFORMANT Mich + losestano  (Address) amapala and	(Specify city or them, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Mary Date Feb 18, 19	Manner of injury
19. UNDERTAKER 2 2 Holeson (Address) and a see the company of the	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED 2 18, 1936 M mbly. (Registrar.)	(Signed) Clark h. Celeberran M. D.  (Address) Claraple No. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1300
1. PLACE OF DEATH	93-2
County a C WITHING CORPORATE LIMIT	Registration Dist. No.
Village or City annaforles (m)	No. 91 East St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	
2. FULL NAME William TX	ord
(a) Residence: No.9/ East	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viginia Fore	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lec 27 - 1860	I last saw h. LLa_ alive on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 20 1-1-m.
75 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER. Carfelnier SAWYER, BOOKKEEPER, etc.	Polenci Delonte, Cardio-Vancolas 1438
tndustry or business in which	The course of th
work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at 1930 11. Total time (years) 40 spent in this year)	
12. BIRTHPLACE (city or town) a a Co. m	Other Contributory Causes of importance:
(State or country)	Servelle 1932
13. NAME William & For	
13. NAME William & Ford 14. BIRTHPLACE (city or town) (State or country) a a com	Name of operation. Dete of
(State of country)	Whet test confirmed diagnosis? Couled Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also tha following:
[O 16. BIRTHPLACE (city or town)]  (State or country) Q Q C m	Accident, suicide, or homicide?
(State of County) of a company	Where did injury occur? (Specify city or town, county and State)
(Address) a/ flast A annopolis and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place St. James Date New / 7 19	Nature of injury
19. UNDERTAKER B L. It opporty	24. Was disease or injury In any way related to occupation of deceased?
(Address) ann apolys on	If so, specify
20. FILED 2 18 19 316 X 11 11 16	(Signed) Whelf to Wellison M. D.
Registfar.	(Address) Ullity Cls , Ull

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER (Address)

-WRITE PLAI

B.

V. S. No. 1

	infor-	state	JPA-
(11)	Jo	plu	8/
	item	shor	0 Jo
	Every	PHYSICIANS should state	Exact statement of OCCUPA-
	ED.	YSI	sta
	ANENT RECORD. Every item of infor-		Exact
ING	ANEN	CTLY.	sified.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1307
1. PLACE OF DEATH	93-02 ×
County Churchlon	Registration Dist. No.
Village or City anne arundel	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard Fax	if U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DLVORCED (write the word)	21. DATE OF DEATH 3 , 193 6 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Cory WILL of Elizabeth Farf	22. I HEREBY CERTIFY, That I ettanded deceased from
6. DATE OF BIRTH (month, day, and year) unknown. 1863	
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Asymptometry SAWYER, BODKKEEPER, etc	Mysocarditis Escule 1/4-50
Date deceased lest worked at this occupation (month and year)  11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Churchston (State or country)	
13. NAME Charles Far	
14. BIRTHPLACE (city or town) Churchton (State or country) Md	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Eliza Hutton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Clustelyton (State or country)	Accident, suicida, or homicida? Date of injury, 19
17. INFORMANT Charles Blust (Addrass) Churchion	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pleca Churchton Oeta Freb. 5, 1936	Manner of injury
19 HNDERTAKER J. G. Hardisty of Son	24. Was disaesa or injury In any wey related to occupation of deceased?

Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed).

4

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>3</b>
County My be Urunde	Registration Dist. No.
Village or City last port les	No. 3 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ATTENDA AND AND AND AND AND AND AND AND AND	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME NO AUGS TO COM TELL	If U.S. Veteran specify WAR
(a) Residence; No. 376 Cho alta My	St., Ward.
(a) hesidence. 110. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
hale wire single	(Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
125-16-76	, 19, 19, 19
6. DATE OF BIRTH (month, day, end year)	I last saw h; death Is sald
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date steted above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SIIK MILL	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc.	- July i M Ju Vulli
D. Oate deceased last worked at this occupation (month and spant in this	Do O & Part
year) occupation	
12. BIRTHPLACE (city or town) astron	Other Contributory Causes of importance:
(State or country)	
# 13. NAME Justus Halloway	
14. BIRTHPLACE (city or town) Sastput	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
I 15. MAIOEN NAME PLANELLY STATE TURNE	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of Injury19
▼ (Stete or country)	Where did injury occur?
17. INFORMANT Rachel Pulever	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) May Cheste Do Ce And Med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Tapital Nul Date Yelf 1934	Neture of injury
19. UNDERTAKER I glas Galloway Factus	24. Was disease or injury in eny way related to occupation of deceased?
(Addiess)	If so, specify
20. FILED TO 10, 19 0 J Musp Registrar.	(Signed) (Address) (Address)
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis MAR 5 1966	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ; 1 1777 ;	July 5,1927	Peritonitis	3 days ago	
FUREAU V. S.		***		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

M	infor-	PHYSICIANS should state	UPA-
الله	Jo m	plnoy	OCC
	ry ite	NS S	nt of
	Eve	SICIAL	ateme
	CORI	PHYS	Exact statement of OCCUPA-
	I.	LY.	
DING	MANENT ECORD. Every item of infor-	ACTLY.	assified.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1309

1. PLACE OF DEATH		(97)	
County Anne Arunde	L	Registration Dist. No.	
Village or City Crownsvi	lle State Hospi	ta No. St., War	
Length of residance In city or town whare daa	ath occurred 3 yrs, 7 mos	f death occurred in a hospital or institution, give its NAME, instead of street and number)  s. 18 ds. How long in U.S. if of foreign birth?yrsmosd	
2. FULL NAME Bever	rly Garnett	If U. S. Veteran, specify WAR	
(a) Residence: No. Balt:	imore City, Mar (Usual place of abode)	718tnd Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male   4. COLOR OR RACE   5	or divorced (write the word) Separated	21. DATE OF DEATH  February 12th  (Month)  (Day)  (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown		22. I HEREBY CERTIFY, That I attended deceased fro	
(01) 11112 01		June 24th 19 32, to February 129 36	
6. DATE OF BIRTH (month, day, and yeer) 18	78	I last sew h. im elive on Feb. 12th 19.36; death is sa	
7. AGE Yaars Months	Days II LESS than	to have occurred on the date stated above, et. 5: 20Pm, M.	
58 Unkno	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were es follows:	
R Trade, profession, or particular		General arterioscleposis Pate of one	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Laborera		
Work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12 RIPTHPI ACE (city or town) Virgin	าร์ล	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Adh W	Senility	
E 13. NAME Fountain Garr	nett. dead		
13. NAME Fountain Garr	ginia	Name of oparation Date of	
(State or country)		What tast confirmed diagnosis?	
置 15. MAIDEN NAME Martha (U	Inknown) Dead	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Martha (U) 16. BIRTHPLACE (city or town) Virge (State or country)	ginia	Accident, suicide, or homicide?	
17. INFORMANT Hospital Reco		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place To Pulae Com	le, Maryland	Manner of injury	
19. UNDERTAKER BARF. W	Jenlerote Duft	Neture of injury.  24. Was disaese or injury in any way related to occapation of declased?	
20. FILED TO 19.34e 2.	t. Joyce	(Sign d) M. (Address) Crownsville Marylad	
1	Registrar.	(Address) Of OWISVILLE, Waryland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECENTE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1036	July 5,1927	Peritonitis	3 days ago
	MUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH County Clume should Registration Dist. No Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ statement SICIAN (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) arrie 5a. If married, widowed, or divorced 22. I HEREBY CERTIFY, Thet lattended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dev. and yeer) 7. AGE Months If LESS then Yeers to heve occurred on the dete steted above, et \_\_ 2 \_ ...m. 1 dey ....hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence or .... min. 8. Trade, profession, or perticuler THIS kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Jo may back 9. Industry or business in which should work was done, es SILK MILL SAW MILL, BANK, etc..... 11. Totel time (yeers) 10. Date deceesed lest worked et this occupation (month a spent in this occupation ... instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diegnosis?. MOTHER 15. MAIDEN NAME important. 23. If death was due to externel causes (VIOLENCE) fill in elso the following: H 16. BIRTHPLACE (city or town)\_\_ OF DEATH (State or country) Where did injury occur? .... pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury. CAUSE nation Neture of injury\_\_\_\_ TION, 24. Wes disease or injury in any way releted to occupetion of deceesed? 19. UNDERTAKER (Address) If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No.

BINDING

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURTALL V	8.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is ver

PHYSICIANS should state

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	1 IVIZAIX	LAND	- Pa	311	
County Ame Arandel		Registration Dist. No.			
Village or CityCrownered	aeth occurred	te Hosp	St.,  death occurred in a hospital or institution, give its NAME instead of street and records.  ds. How long in U.S. If of foreign birth?	Ward	
2. FULL NAME Carlton	Green		If U. S. Veteran, specify WAR		
(a) Residence: No. Anne Ari	(Usual place	ounty Ma		State	
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
s. sex Male 4. color or race black		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Tebruery 11th  (Oay)	, 193_6	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended	daceased from	
6. DATE OF BIRTH (month, day, and yaar)	1910		Hast saw h. 19 alive on Te bruery 11th 19 36		
7. AGE Years Months	Days 10 WN	If LESS than  1 day,hrs.  ormin.	an to have occurred on the date stated above, et		
8 Trada profession or portioular			Acute Interstitial nephritis	Date of onset	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spent in this spent in this spent in this					
12. BIRTHPLACE (city or town) If 1 1 2 nd (State or country)			Other Contributory Causes of importance:	Zmas	
I 13. NAME Stanford W.	een				
13. NAME Stanford Green 14. BIRTHPLACE (city or town)	Mary	l, ná	Name of operation	utanev?	
当 15. MAIOEN NAME TENTER TO TENTE			23. If death was due to external causes (VIOLENCE) fill in elso the following		
15. MAIOEN NAME IF TO THE TOWN 16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicida?	, 19	
17. INFORMANT HOST SEL REGORDS (Address) COUNSVILLE, PROJECT			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	:) ICE,	
18. BURIAL, CREMATION, OR REMOVAL Place 15, 19 Dete 1,4/36,19			Manner of Injury		
19. UNDERTAKEN B. Johnson (Address) 34 fm Just a	W. Ball	emore his	24. Was disease or injury in any way related to accumulation of deceased?		
20. FILED 2 14 , 1976	- Www	Registrar	(Signed) (Address) (Address) (Address)	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1867 82 1830			
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
14			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Curism Green

Gerlton Green
Admitted Oct. 28th, 1925
Died Fyb. 11th, 1926

M	-WRITE PLANTY, WAR UNFADING INK-THIS IS A PERMANENT SC. D. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	\
FOR BINDING	IS A PERMANENT	stated EXACTLY.	properly classified. E	certificate.
MARGIN RESERVED FOR BINDING	A UNFADING INK-THIS	y supplied. AGE should be	lain terms, so that it may be	TION is very important. See instructions on back of certificate.
.1	-WRITE PLALK, W	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

N. B.-WRITE

V. S. No. 1

Length of residence in city or town whole death occurred.  Length of residence in city or town whole death occurred.  Length of residence in city or town whole death occurred.  Ward.  St. Ward.  If nonceident give city or town and State.  PERSONAL AND STATISTICAL PARTICULARS  S. EX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DIVENCED (write the world)  OR DIVENCED (write the world)  OR DIVENCED (write the world)  S. DATE OF BIRTH (models, day, and year)  S. DATE OF BIRTH (models, day, and year)  S. Trade, profession, or particular saw because of importance were as follows:  S. Trade, profession, or particular saw because of importance were as follows:  S. Trade, profession, or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1312
Village or City  Langth of residence In city or town whose death occurred yrs	1. PLACE OF DEATH	10.10
Length of residence in city or town whole death occurred.  Length of residence in city or town whole death occurred.  Length of residence in city or town whole death occurred.  Ward.  St. Ward.  If nonceident give city or town and State.  PERSONAL AND STATISTICAL PARTICULARS  S. EX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DIVENCED (write the world)  OR DIVENCED (write the world)  OR DIVENCED (write the world)  S. DATE OF BIRTH (models, day, and year)  S. DATE OF BIRTH (models, day, and year)  S. Trade, profession, or particular saw because of importance were as follows:  S. Trade, profession, or particular saw because of importance were as follows:  S. Trade, profession, or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular saw because of importance were as follows:  S. Trade, profession or particular	County / Libile Usible de	Registration Dist. No.
Length of residence in city or town whose death occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abodé)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR B. DIVONCED (write the word)  5a. If married, widowed, or divorced  IUSARD of Or Or Nite of  6. DATE OF BIRTH (mooth, day, and year)  7. ACE  Year  Months  Days  It LESS than  1 day,hrs.  ofmin.  8. Trade, profession, or particular  kind of work dome, as SPINNER,  SAW MILL, BARK, etc.  10. Date Gorden was done, as SIK MILL,  SAW MILL, BARK, etc.  11. Total time (years)  spant in this occupation (month and year)  Other Captributery Causes of Importance  Other Captributery Causes of Importance  Was there en europsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Was there en europsy?  22. If death was due to externed causes (VIOLENCE) fill in also the following:  Accident, suicider, or homicide?  Date of injury  19. Specify whether injury occurred in INDUSTRY, in HOME, or in PIBLIC PLACE.	Village or City The Color Salley	No. St., Ward
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  St.  Ward.  (If nonceident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3.5EX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  OR DIVORCED (write the word)  F. DATE OF BIRTH (modified, widowed, or divorced (usual place)  (Wonth)  (Wonth)  (Day)  (Year)  19.  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Ander Year)  Months  Days  If LESS than  1 day,hrs.  ormin.  1 day,hrs.  ormin.  S. Alfrace, profession, or particular wind of work done, as SPINNER  SAWYER, BOOKKEPER, etc.  10. Data Geographic (word, or country)  (State or country)  (State or country)  (State or country)  Manuel of operation.  Date of injury.  13. Manuel  14. BIRTHPLACE (city or town)  (State or country)  (State or country)  Was there en eulopsy?  Was there on eulopsy	Length of residence in city or town where death occurred vrsmos	death occurred in a horpital or institution, give its NAIVIE instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds
(a) Residence: No. (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR. DIVORCED Curric the word)  So. If married, widowed, or divorced HUSBAND or Cory Wife of	4 1 61 1	<i>/</i> , ·
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSBAND of (or) WHE of  (or) WHE of  6. DATE OF BIRTH (mpdyl, day, and year)  7. AGE  Year  Months  Pays  If LESS than   I day, hrs.   1 day,	/ /	CA Word
3. SEX  4. COLOR OR RACE  OR. DIVORCED (write the word)  As If married, widowed, or divorced HUSBAND or (or) WHE of (or) WHE or (or) WHE of (or) WHE of (or) WHE or (or) WHE o	(a) Residence: No. (Usual place of abode)	
OR. DIVORCED ("wire the word)  5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of (Or)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of (or) WI	Male OR DIVORCED (write the word)	F/V 2 193 60
7. AGE Year Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER SAWTER, BOOKKEPER, etc. work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (state or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME (I death was due to externel causes (VIOLENCE) fill in also the following: Name of operation. Date of injury cocurred in Inputs Name (Specify city or town, county and State) Specify whether injury occurred in Inputs No. on in PUBLIC PLACE.	HUSBAND of	Jan. 2, 19.36, to 266 5 , 19.36
1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  110. Date deceased last worked et this occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. MAIDEN NAME  18. MAIDEN NAME  19. Date of operation  What test confirmed diagnosis?  Was there en eulopsy?  23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDISTRY in HOME, or in PUBLIC PLACE.		
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)  (State or country)  11. Total time (years) spent in this occupation soccupation soccupation soccupation soccupation soccupation soccupation soccupation soccupation.  Name of operation.  Name of operation.  Date of What test confirmed diagnosis?  Was there en eulopsy?  23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury occur?  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
11. Total time (years) spent in this occupation (month end year) year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. Maintenance  18. Maintenance  Was there en eulopsy?  19. Maintenance  What test confirmed diagnosis?  Was there en eulopsy?  20. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL.	
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   23. If death was due to externel causes (VIOLENCE) fill in also the following:    Accident, suicide, or homicide?   Date of injury   Date of	this occupation (month end year)  11. Total time (years) spent In this occupation (coupation (coupa	Other Contributory Causes of Importance:
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   23. If death was due to externel causes (VIOLENCE) fill in also the following:    Accident, suicide, or homicide?   Date of injury   Date of	13. NAME Pedusas & El 1. Chi.	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town) (State or country)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	15. MAIDEN NAME Sasale Possible 16. BIRTHPLACE (city or town).  (State or country) 12 a Live 12 Ca	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19
17. INFORMANT (Address)	17. INFORMANT Massing July July fine (Address)	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Listing Logical 2/9, 19-6  Nature of injury  Nature of injury	11 10/21.01 2/4 3/6	
19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILED 2/5-, 1936 HAY Clarify (Signed) (Address) (Address) M		1116

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1 1923 Gastroenteritis 1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1313
$\alpha \lor \alpha$	Registration Dist. No.
County Company Control WITHIN TO MY ORATE LIM	190 01
Village or City Unnagorus (If a control of the City (If	death occurred in a horpital or institution, give its NAME instead of street and number)
0 24	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME DEORGE Oliver Grofs or 3	If U.S. Veteran specify WAR
(a) Residence: No. 22 Senditern Ville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH 2 29, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Dec. 14, 1935,	Hest saw h. CAN alive on 21 28 1936 : death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _6:15Am.
130 2 dt 15 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8 Trade profession or particular	Were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	· sery
9. Industry or business in which work was done, as SILK MILL,	Bu Bronchopenenoma, 2/26/3
SAW MILL, BANK, etc	· Annation: Os stated a Cusa
this occupation (month and spant in this year)	
annaholo md	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Will Compare to the compared to	
E CAMPA LA VILLA	DA.
(State or country)  14. BIRTHPLACE (city of town)  (State or country)  (A - Q - CO M d	Neme of operetion Dete of Was there en eutopsy?
	23, If death wes due to external ceuses (VIOL ENCE) fill in also the following:
E Consoladi	Accident, suicide, or homicide?
(Stete or country)  16. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)	Where did injury occur?
17. INFORMANT JEORGE Oliver Gross for 2	Specify whether injury occurred in NOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Grenver full Cand Oate 2 - 29 , 1936	- Nature of injury
19. UNDERTAKER EARLY Parker	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO 9 29 1936 XIVAMOTO	(Signed) Laurence W. Jeens M. D
Registrar.	(Address) Calver
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. De Greens

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	l l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AR 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

SIAILO	F MARYLAND—	CERTIFICATE OF DEATH	.1
1. PLACE OF DEATH		131	4
County W.W.		Registration Dist. Np. 24	0
Village or City Whurch	tre	Np. St	Mare
	(II	death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where de	eeth occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmo	osds
2. FULL NAME QUIC	pross.	If U. S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	
PERSONAL AND COLOR	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Inale leo.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)	, 193 6
5a. If married, widowed, or divorced	O.	(wonth) (bey)	(Yeer)
HUSBAND OF Susie	ross.	22. I HEREBY CERTIFY. Thet I ettended	deceesed from
6. DATE OF BIRTH (month, day, end yeer) Och	15- 1866	lest saw home alive on Tar 12 1936	: deeth Is sein
7. AGE Yeers Months	Deys If LESS then	to have occurred on the dete steted above, et A _m.	,
69 4	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	
Trede, profession, or perticular kind of work done, es SPINNER,	+	well es follows.	Date of onset
SAWYER, BOOKKEEPER, etc	peliman	Α-Α-Α-Α	
Industry or business In which work wes done, es SILK MILL,		Valvular Grease of trent	
SAW MILL, BANK, etc	11. Totel time (years)	Chronic Newster	
this occupation (month and year) 12 123 119 2 4	spent in this 53	/	
12/10/10	14-8 .0.	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) PARTICIPATION (State or country) P. P. Co.	Mi		
II 13. NAME No illiam	el soos		
I Think I	alux de	Manual Control	
14. BIRTHPLACE (city or town) (State or country)	Chil me	Neme of operation Date of	
IS. MAIDEN NAME Eliasle	the South	What test confirmed diagnosis? Wes there an e	
15. MAIDEN NAME Cicable  16. BIRTHPLACE (city or town)  (State or country)	hade Side	23. If death wes due to external ceuses (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)  (State or country)	Mill.	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
· · ·	Hans.	(Specify city or town, county and State	e)
17. INFORMANT. AND CE. S	ZIWW.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	1	Menner of injury	
Plece Innuchtin	Dete Mas 2 , 1936	Neture of injury	
N.C. Afra	dut Livis		42
19. UNDERTAKER (Address)	-do it and	24. Wes disease or injury in any way related to occupation of deceased?	1.0
1/2 / 5/1	and I have	(Signed) Les Deut	A
20. FILED / MUS	O. J. Charles MA Registrar	(Address) Phys Allow M. d	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 weck ago
Chronic interstitial nephritis MAR 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1313
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1	. PLACE	OF DEA	тн			92	U
County Anne Arundel				ındel		Registration Dist, No.	/
	Village or City Crownsville State Hosp				tate Hosp	i teal	Ward
1	Langth of	f rasidance in o	ity or town where	death occurred 20	) vrs 9 mos	f death occurred in a hospital or institution, give its NAME instead of street and not seed to the seed of seed to the	· · · · · · · · · · · · · · · · · · ·
9		NAME					sgs.
1						If U. S. Veteran, specify WAR	
	(a) Nes	idelice. No	GEGLL.	(Usual place	of abode)	d St., Ward.  If nonresident give city or town and S	State
			ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male black 5. Single, Married, Wioowed, OR DIVORCED (wrighthe word)			5. SINGLE, MAR OR DIVORCE	RRIED, WIOOWED.	21. DATE OF DEATH  February 22nd  (Month) (Oay)	1936_	
5a.	If married, w HUSBAND (or) WIFE	of U	orcad nknown			22. 1 HEREBY CERTIFY, That I attended d April 27th 1915, to Feb. 22nd	
6. 1	DATE OF BIR	RTH (month, da	ry, and year)	1856		I last saw h. An aliva on Feb. 22nd 19 36	death is said
_	7. AGE Years Months Days If LESS then 1 day,hrs.		to have occurred on the date stated above, at 1: 30PmM.				
NOI	8. Trade, p kind SAW	orofassion, or p of work dona YYER, BOOKKE	particular , as SPINNER, EPER, etc	Labor		Cerebral arteriosclerosis	Oate of onset
CUPAT	Industry work SAW	or businass i k was dona, as / MILL, BANK,	n which SILK MILL, etc				~
1,00	this	caasad last wo occupation (mo	onth and -	sp8	time (years) int in this ——— upation		
12.		E (city or town)	Mar	ryland		Other Centributery Causes of Importance: Senility	.?
ER	13. NAME	Uı	nknown				
FATHER		LACE (city or to ta or country)	own) Ur	ıknown		Name of operation Date of What test confirmed diagnosis? Was there an au	
IER	15. MAIDEN	NAME	Unknov	vm		23. If daath was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown  (Stata or country)				vn	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT Hospital Records (Address) Crownsville Maryland					v]and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Complete Company Oate 2/17, 136				- /	2 ,186	Manner of injury	
19. UNOERTAKER DA PWinter od Juff			bury	to supp	24. Was disaase or injury in any way related to occupation of dacaased?		
20.	20. FILED 7/27, 136 & 7 / 1874				Registrar.	(Signeti) (Addrass) Crownsville, Marylan	M. D.
			76	11.1	11 6	N. C. J. C. D. L.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURPAU V. S.			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-RD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very imporbant. LY, N. B.—WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	× 1316
County Anne Arundi	Registration Dist. No. 23.
Village or City Pumphrles	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hopital or institution, give its received in street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilson Hamm	ond x . O.
(a) Residence: No. Anna pales Pou	St., Ward. Brian Place
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	21. DATE OF DEATH
OR DIVORCED (write the word)	16 det 193 6
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of Lings	22. 3 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 6 January 908	I last saw h alive on Del, 1936; death Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 130 1 m.
34 1 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Full 1110 - 18 5 10
4. 9. Industry or Dusiness in which	1 word
work wes done, as SILK MILL, To all yours	querentosis
11. Total time (yeers) this occupation minit and (yeers) year)	
Anna Drude Co	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  **Transplant**	
I 13. NAME Charles ( Canemond	
13. NAME CHARLES (DANGEMOND)  14. BIRTHPLACE (city or town) Hums Hrundles	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MANY Jaminons	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clivies Deminors	(Specify bit of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Porostlem RAP 9	7
18. BURIAL, CREMATION, OR REMOVAL  Place Date 14. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Manner of Injury
Elac Man.	Nature of injury
9. UNDERTAKER COOK A STANTING ONE -	24. Was disease or injury in eny way related to occupation of deceased?
20 FILED Feb. 19 1936 M. R. De alla	(Signed) Callantel Man . M. D.
20. FICED 1 Co. 1. Registrar.	(Address) sithelle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial methritis C. C.	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1936	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IAI
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ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
info sta UP/	1. PLACE OF DEATH	1313-	
Y 1 .	County anne arendel	Registration Dist. No. 20	
5 6	Village or City Edgewater, Md.	No. St., Ward	
S o	(It  Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth?mosds.	
CORD. Every PHYSICIANS ict statement	2. FULL NAME Jack & Skriggs	el Hard.	
). E	(a) Residence: No.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
A	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  4. (Month) (Day) (Year)	
RMANEN X A C T L classified.	5a. If married, widowed, or diversed HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
	7.1 = 1031	1   1   1   1   1   1   1   1   1   1	
IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 4. 3 / 9.3 6 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
IS A I stated properlifica	3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
HIS IS be state be pro of cert	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Parmature Buth 7 mont	
could may back	9, Industry or business in which work was done, as SILK MILL,	no Physician in attendance	
INK-T should t it may on back	SAW MILL, BANK, etc	This elliff was such from	
	this occupation (month and spent in this year) occupation	time of with bountil dea	
DIP So scti	12. BIRTHPLACE (city or town) Edgewater Md (State or country)	Other Contributory Causes of importance:	
UNFA supplied n terms, ee instru	E 13. NAME Harrison Springer		
6 t E C	14. BIRTHPLACE (city or town). Maryland	Name of operation Date of	
	(State or country)	What test confirmed diagnosis? Was there an autopsy?	
W.Z.r. efully in plai	15. MAIDEN NAME Pearl Howard	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
	15. MAIDEN NAME Pearl Howard  16. BIRTHPLACE (city or town) any aryundel Co	Accident, suicide, or homicide? Date of injury, 19	
be be	(State or country) Maryland	Where did injury occur?(Specify eily or town, county and State)	
E PLALLY, Washould be careful OP DEATH in ps very important.	17. INFORMANT Usul Howard (Address) Electrology	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
17 48 0	18. BURIAL, CREMATION, OR REMOVAL	Mannor of injury	
	Place Hape Chapel Date Tel- 5, 1936	Nature of Injury	
-WRITTE mation s CAUSE TION is	19. UNDERTAKER Dame Howard	24. Was disease or injury in any way related to occupation of deceased?	
B	(Address) Edgewater, M.	If so, specify and large was the	
z (T)	20. FILED Felt. 8., 1936 Ledward Collinson Registrar.	(Signed) (Address) Colglinates mel	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

MARGIN RESERVED FOR BINDING

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	1915	Attack of epilepsy	1 week ago	
Chronic interstitial apphritis 11036	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			93-0	) ~		00
County ame	arende	L		Registration	Dist. No.	22
Village or City Bacos	a Chake	2	No.		St.,	Ward
		7 7	death occurred in a hospital or inc	stitution, give its NAM	E instead of street and	number)
Length of residence in city or town v	thera daath occurred.	Jyrs Lmos		if of foreign birth?	yrsr	mos,ds.
2. FULL NAME Man	y Elizahi	eth H	ensonif U.S. Vetera	an, specify WAR		
(a) Residence: No.	(Usual place	of shods)	St.,Ward.	If nonresiden	t give city or town an	d State
PERSONAL AND STAT			MEDICAL	CERTIFICATI		IO DIAIC
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.		21. DATE OF DEATI				
Lemale Palment		D (write the word)		-/-/-		., 193 🙅
5a. If married, widowed, or divorced	Wide	1000		(Month)	(Day)	(Year)
HUSBAND of Of Williams	Flens	on,	22. I HEREI	BY CERTIF	Y, That I attended	d dacaased from
7.700027	2-1-	10 ==		H 1 2	33/	, 1924.
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yaars Mont	1	161555	I last saw h aliva on.	11	P	.; daath is said
7. AGE Yaars Mont	hs Days	If LESS than 1 dey,hrs.	to have occurred on the deta s The PRINCIPAL CAUSE OF D		Y_1_M.	
73 3	14	ormin.	were as follows:	EATH and lalated cau	sas of importance	Date of onset
8. Trede, profession, or particular kind of work dona, as SPINNE SAWYER BODKKEEPER etc.	R.		le pronice	A. 2- 75-6	John	
and the state of t			withou	gremmen	<u>al</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	House 2	Vels.	degenera	nn		1/1/33
D TO Date daraged last worked at		ima (yaers)				
this occupation (month and year)	sper	nt in this ell lef	4			
7			Othar Contributory Causes of	importance:		
12. BIRTHPLACE (city or town)  (Stata or country)	0-0		-			
	Shano					
13. NAME Samuel	Bacos	2				
4 14. BIRTHPLACE (city or town)	nay lanc	2	Nama of operation		Date of	
(Stata of country)			What tast confirmed diagnosis	nove	Was there an	autopsy?
15. MAIDEN NAME Amp	noun	6	23. If daath was due to external	causes (VIOLENCE)	fill In also the following	ng:
16. BIRTHPLACE (city or town)	1	0	Accidant, suicide, or homicide	?	Data of injury	, 19
(State or country)	anytana		Where did injury occur?		**-*	
17. INFORMANT Edna &	Trung Si	12	Specify whether Injury occurre	(Specify city o ad in INDUSTRY, in H	or town, county and St OME, or in PUBLIC P	eate) PLACE.
(Addrass) Joseph	RIFE					
18. BURIAL, CREMATION, DR REMOVAL	10	1	Manner of Injury			
Place Bacons Chay	kel Data Je	L. 21, 19 31	Nature of injury			
Ailal.	2.01.		24. Was diseasa or injury in ar	way ralated to occu	nation of deceased?	no
19. UNDERTAKER 11-19 June 1	Del Son	I and	If so, specify	1 /- 1-		
Jol 21 21	Thille The	H D 1	(Signad) Un to	1100	n Gen	M D
20. FILED POLY 200 , 1926 1	Dear gno	Registrar.	(Address)	mul	hid.	mi. b
	och ex	The state of the s	()			

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ARETAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—CERTIFICATE OF DEATH

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(Year)

Oate of onset

That I attended daceased from

(Oay)

BINDING

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

of OCCUPA-

N. B.

1. PLACE O	F DEATH			93.70	, ,
County	Anne A	rundel		Registration Dist. No.	//
Village or (	City Crowns	ville St	ate Hosp	i taNo. St.,	Ward
Length of res	idence In city or town wher	e death occurred_4	(I) Lyrs,mos	If death occurred in a horpital or institution, give its NAME instead of street and missds. How long in U.S. if of foreign birth?	umber)
2. FULL NA	C m	rah Hold		If U. S. Veteran, specify WAR	
(a) Resider	nce: No. Ba		Maryland	d St., Ward.	
PERSON	NAL AND STATIS	(Usual place		If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	State
3. SEX	4. COLOR OR RACE		RIED, WIDOWED.		
female	black		D (write the word)	21. DATE OF DEATH February 21st (Month) (Day)	193 6 (Year)
5a. If married, widow HUSBAND of					
(or) WIFE of	Unkn	own		Feb. 22nd 1932 to Feb. 21	eceesed from
6. DATE OF BIRTH	(month, dey, and year)	1862 ?		Hast saw her alive on Feb. 21 19 36	,
7. AGE Yea	ars Months	Days	If LESS than	to have occurred on the date stated above, et _ 6 : 1040 M.	
7	4? Unk	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profe	ession, or particular work done, as SPINNER, BOOKKEEPER, etc	None		Chronic myocarditis	Date of onset
	business in which is done, as SILK MILL,				
SAW MII	LL, BANK, etc			-	
this occu	ed last worked at pation (month end	spe	ime (years) nt in this		
12. BIRTHPLACE (ci (State or cou	.,	Jersey		Other Contributory Causes of Importance:  General erteriosclerosis	
13. NAME	James Hold	en			
	E (city or town) M8:	ryland		Name of operation Date of	
15. MAIDEN NA	ME Margare	tte (Unk	nown)	What test confirmed diagnosis? Was there en eu  23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	
	E (city or town) 1121	cyland		Accident, suicide, or homicide? Date of Injury	
	Hospital Re Crownsvi		rl owd	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	CE,
18. BURIAL CREMAT		3.0	27 ,196	Manner of injury	
19. UNDERTAKER (Address)	n 1. Ward	note p	Sup-	24. Was disease or injury in any way related to occupetion of deceased?	7
20. FILED 2/2	19 136 8	7/2	7 Revistrar	(Signed) # Crownsville, Maryland	M. D.

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Chronie interstitial nep	phritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	MAR	July 5,1927	Peritonitis	3 day's ago	
	BUREAU	·			
Other contributory c	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 1321
1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No. 21
Village or City Annapolis THIN CORPORATE L	No. Emergency Hospital St. 2 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BABY HULL	
(a) Residence: No. Emergency Hospital (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH February 20 193 6
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	- Feb 20 ,1936, 10 feb, 20 ,1936
6. DATE OF BIRTH (month, day, and year) Feb. 20, 1936	I last saw h
7. AGE Years Months Days If LESS that 1 day	D.
ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none	Stillbom premature Date of onsor
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sparstron of placeula
	01
SAW MILL, BANK, etc	
Annenaliel	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Annapolist (State or country) Maryland.	
E 19 NAME Robert V. Hull	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Pennsylvania	What test confirmed diagnosis? Was there an au'opsy?
置 15. MAIDEN NAME Elizabeth McCabe	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth McCabe 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Iowa	Where did injury occur?
17. INFORMANT Robert V. Hull (Address) Eastport, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Annapolis, Md. Data Feb. 21, 19	Nature of injury
Naval Academy Cemetery 19. UNDERTAKER John M. Taylor	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER ONLY VI. TAY 101	If so, specify
20. FILED 2. 21, 19.36 M. W. L. Registrar.	(Signed) Morrison Johnson M. D.  (Address) 'U. S. Maral acaderie
	ar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example Lawrence Colored		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis   NAD - 1026	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
1 Annual Control of the Control of t				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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jo	20	tat	rop	1
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E	H	Pe	pe.	0
RV	I	pluc	nay	Joe
E	NK	sho	it 1	-
Ä		E	at	U
H	NG	AC	t t	ion
MARGIN RESERVED FOR BINDING	ITE PLACIY, MAIN UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infi	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should str	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	I is very important. See instructions on back of cortificate
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V. S. No. 1	V. B.—WRITE
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4 21 405			OF MA	KIL	שמא.	CERTIFICATE OF DEATH	22	
1. PLACE OF DEATH  County Anne Arundel						23 ×	20	
	Village or City Jessups, Maryland					Registration Dist. No.	L. d.,	
					(19	No. St., death occurred in a hospital or institution, give its NAME instead of street and r. ds. How long in U.S. if of foralgn birth? yrs. mm	Ward	
			Jackso		13,	Jish tong in 0.0.11 of lorange bister:	J\$	
			OGORDO			×		
(a) nes	dence: No		(Usual pi	lace of abo	ode)	St., Ward.  If nonresident give city or town and	State	
PERS	ONAL AN	D STATIS	TICAL PAR	RTICUI	LARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male		r or race lored	5. SINGLE, M OR DIVOR	MARRIED, RCED (wir 1gle	WfDOWED, rice tha word)	21. DATE OF DEATH February 13, (Month) (Day)	, 193 6	
5a. If married, w HUSBANO	idowed, or divo	rced				(23)/	(Year)	
(or) WIFE	of					January 6, 1936 to February 1	3 19 36	
			ebruary		1898	lest saw him alive on February 13, 19 36	; daath is said	
7. AGE	Years 36	Months 11	Deys 29	fd	If LESS than lay,hrs. min.	to have occurred on the date stated abova, at 8:45 Pm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset	
kind	rofession, or pa of work done,	as SPINNER.	Fire	men		***		
9. Industry	YER, BOOKKEE or business in	which	Lilen	nan		Ulcerative Pulmonary		
9. Industry work SAW	was dona, as S MILL, BANK, e	ILK MILL,				Tuberculosis		
Dato de	eased last wor	ked at	1f. Tot	tal time (y spent in t occupation	rears) his			
12. BfRTHPLAC		Green	sboro,	N.C.	•	Other Coatributory Causes of importance:		
13. NAME	Bill	Jackso	n					
13. NAME	ACE (city or to	wn) unk	nown			Name of operation Deta of		
(Sta	e or country)					What test confirmed diagnosis? Was thara an a		
15. MAIOEN NAME UNKNOWN  16. BIRTHPLACE (city or town)						23. If death was due to extarnal causes (VIOL ENCE) fill In also tha following		
	ACE (city or to	wn)				Accident, suicide, or homicide? Date of injury, f9  Where did Injury occur? (Specify city or town, county and State)		
≥ (Sta	e or country)							
(Address) Jessey Maryland						Spacify whather injury occurred In fNDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place BULLY HILL Date Fely 18, 1936						Manner of Injury		
19. UNDERTAKER A Lesellino Andrews					24. Was disease or injury in any way related to occupation of deceased?			
4	1		1	12/		(Signad) Esur Juan		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy OSGT 9	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

	1323
PLACE OF DEATH	STATE OF MARYLAND
County aabo.	CERTIFICATE OF DEATH
V) 0	Registration Dist. No. 23
Village or City Terradele (No.	Cichloro (Mard) (If death occurred in
2 FULL NAME Clares lendra	a hospital or institution, give its NAME is stend of street and number.
The state of the s	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH February 10, 1986.
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
10 010	Fet 1 1936 to Fet 10 , 1986
(Month) (Day) (Year	that I last saw h Lalive on 7 10 1923
7 AGE [ALESS than	and that death occured on the date stated above, at & P.
day hrs. da ds or min?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Obsonie Myo cardeles
particular kind of work	
(b) General nature of industry	•
which employed cr (employer) Of Some	(Duration) yrs d
9 BIRTHPLACE (State or country)	Contributory Sucondary  Secondary  (Durstion) yrs mos G de
10 NAME & . ( ) ( )	(Signed) Lames S. Bellingska M.
FATHER Micheal Vitkowski	717 11 1936 (Address) They Burnes may
OF FATHER	*St.te the Discase Causing Peath or in deaths from
(State or country)	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Maryanna Lemandowski	18 LENGTH OF RESIDENCE (For Lospitule, Institutions, Trans
13 DIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) John processon.	10 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Wichlow ave	Add home Feet 14 133
15 & 0 11 31 DO O DOOD	20 UNDERTIKER ADDRESS
Filed Jet 11 1900 N. R. Dellera. Registras	mad w. E. Duppel 32 & Cum &
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The materies should be used only when needed. As examples: a fulness of various pursuits can be known. cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the additional line is provided for the latter statement: in nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., F. rmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-Farm without more precise specification as Day laborer, Laborer-Archi'ect, -Coul mine, etc. Wom-Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same dise se. If amples: Cerebrospin Statement of Cause of Death—Name, first, the Dis-Typhoid fewer (never report "Typhoid Pneumenia" to time and (the only definite synonym is "T pidemic cerebra pnoumonia. Bronchopneumonia causation), using always the same accept "Pneumonia.

> atic), "Atrophy," "Collapse," "Coma," "Convusions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inamorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICE A., taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., se/s/s, letanus) may be stated under the head of "contributory". carbolic acid-probably sucide. The n.ture of the i.jury, Examples: Accidental drowning; Struck by railway trainapproved (Recommendations on statement of cause of death Never report mere symptoms or terminal condiby Committee on cough; Chronic valvular heart disease; etc. Nomenclature The contributory

anyweted in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is Wif this certificate is looked over thoroughly and all questions permanently filed.

5

certificate.

See instructions on back of

TION is very important.

B.—WRITE

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	BAFO
County Anne Arundel	Registration Dist. No. 21
Village or City Annapolis  Length of residence in city or town where death occurred 75 yrs 11	No. West St. & Lafayette Ave. Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. 4 ds. How long in U.S. if of foreign birth?
2. FULL NAME ALICE V. JEWELL	
(a) Residence: No. West St. & Lafayette (Usual place of abode)	AVE . St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work will owed)  1 SEX 4. COLOR OR RACE OR DIVORCED (write the work will owed)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Jewell	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 15, 1860	West saw her alive on 2 4 1 7 , 19 56; death is said
7. AGE Years Months Days If LESS the 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Cere bral Stemanhage \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cherro Summage July
this occupation (month end spant in this occupation	Other Contributory Causes of Importance:  Obyfree lesso Orchered Localine
置 13. NAME unknown	
13. NAME unknown  14. BIRTHPLACE (city or town) unknown (State or country)	Name of operation None Dete of What test confirmed diagnosis? Was there en autopsy? Ma
置 15. MAIDEN NAME Julia Ann Mitchell	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Julia Ann Mitchell 16. BIRTHPLACE (city or town) Annapolis, (State or country) Maryland.	Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur?
17. INFORMANT Mrs. Charles N. Taylor, (Address) West St., Annapolis, Md.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  PlaceAnnapolis, Md. Dete Feb. 22, 19  St. Annes Cemetery	Manner of injury
19. UNDERTAKER John M. Taylor, (Address) Annapolis, Md.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 2: 22: , 19 31 X Mmgh. Registr.	(Signed) Lorge Bould M. D.  (Address) Sumple 200
If more blanks are needed, address State Reg	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

Female

5a. If married, widowed, of HUSBAND of John WIFE of John

6. DATE OF BIRTH (mon

12. BIRTHPLACE (city or (State or country)

18. BURIAL, CREMATION, OR REMOVAL Annapolis,

19. UNOERTAKER Charles E.

Annapolis

17. INFORMANT ..

(Address)

(Address)

-WRITE

B

V. S. No. 1

	STA	TF O	F MAR	YI AND-	CERTIFICATE OF DEATH
1. PLACE O		IIL O	I WAK		98-0
County	Anne A	rundel	<u> </u>		Registration Dist. No.
	City Smi				No. A A A CO Md St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NA  (a) Residen	ME Adl	ine Jo			St., Ward.  If nonresident give city or lown and State
PERSON	AL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
sex 'emale	Color of			RIED, WIOOWED, D (write the word) N	21. DATE OF DEATH February 4, 1936 (Month) (Day) (Year)
HUSBAND of J		Johns	son		22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Sept. 5, 1867				1867	I last saw h alive on
AGE Yea	irs 8	Months 4	Days 29	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of v SAWYER	ssion, or particu work done, es S , BOOKKEEPER, business In whi	etcH	ome		Chronic Myocarditis Arterioscerosis
Work was SAW Mil 10. Date deceas this occu	s done, as SILK LL, BANK, etc ed last worked pation (month a	MILL, at nd	sper	me (years)	Al celioscerosis
z. BIRTHPLACE (city or town) Prince George Co.  (State or country) Maryland					Other Coutributory Causes of importance:
13. NAME G	eorge	Creek			
14. BIRTHPLACE	(city or town).	Princ	e Geor	ge yland	Name of operation
15. MAIOEN NA	TTm	known			23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (State or	(city or town).	Unkn Unkn			Accident, suicide, or homicide? Oate of injury,19

Chas. E. Johnson (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Annapolis, Md. Manner of Injury Nature of Injury 24. Was disease or in Marv X SA XDICIVI (Signed) Annapolis If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related of importance were as follows:  Arteriosclerosis	causes Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	V, S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

								(
V. S. No. 1		-	MARGIN	MARGIN RESERVED FOR BINDING	FOR	BINDING		<b>M</b>
N. BWR	ITE PLA	INLY, WI	TH UNFAD	ING INK-THI	SISAI	PERMANENT	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	m of infor-
mati	bluods no	be careful	lly supplied.	AGE should be	stated	EXACTL	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	hould state
CAL	ISE OF D	EATH in p	plain terms, s	o that it may be	proper!	y classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	OCCUPA.
TIO	N is very	important.	See instruc	TION is very important. See instructions on back of certificate.	certifica	ite.		
19	18	MOTHER	FATHER	3. 5a 66 7. 122 121 127 127 127 127 127 127 127 127	7. W.A. X.	5a	3.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1326
1. PLACE OF DEATH	(3)
County Come Councilel	Registration Dist. No.
Village or City Talesville	Np. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME fotos	~ ×
(a) Residence: No	St., Ward.
(Usuaiplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	February 22 193 6
5aIf married, widowed or diversed	(Month) (Day) (Year)
AUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Topie yourson	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) march 10, 1839	I last saw h; death is said
7. AGE Years // Months /2 Days If LESS than	to have occurred on the date stated above, atm.
94 96 / 859 March 1 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BODKKEEPER, etc.	Myacardelis Chrom
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
10. Date deceased last worked at this occupation (month and 18 YEAR) 11. Total time (years) spent in this occupation	Magnette Crome
Le le ville	Other Contributory Casses of Importance:
12. BfRTHPLACE (city or town)  (State or country)	
E Carlo 30 1	Name of a carabian
[State or country]	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rackell Wathing	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Cachell Watterns  16. BIRTHPLACE (city or town) a graph of the complete of t	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Charlis Johnson, So (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR BEMOVAL	Manner of injury
Place Chewa Chaper Date 2/25 1936	Nature of injury
19. UNDERTAKER P. L. Parhare	24. Was disease or injury in any way related to occupation of deceased?
7 95 200 944	(Signed) Cloth 5, Maux Man
20. FILED 2 , 19 26 Registrar.	(Address) Correspond

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	7.00
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis, 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1327

PHYSICIANS should state of OCCUPAitem of infor-FOR BINDING

statement stated EXACTLY. IS A PERMANENT properly in plain terms, so that it may mation should be carefully supplied. CAUSE OF DEATH TION is very B.—WRITE

MARGIN RESERVED

certificate. jo back See instructions on important.

1	L PLACE OF	DEATH			(I)	
	CountyA	nne Arunde	21		Registration Dist. No. 2I	
	Village or City	Johnsont	awa		NDSt.,Stath occurred in a hospital or institution, give its NAME instead of street and no	Wa
	Length of residen	ce in city or town where d	deeth occurred	(If yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and not death. How long in U.S. if of foreign birth?yrsmos	umber)
:	2. FULL NAME	E Virginia	a Lee Jo	hnson	If U. S. Veteran, specify WAR	
	(a) Residence:	No. same	(Usual place		St., Ward.	
-	PERSONAL	L AND STATISTI			MEDICAL CERTIFICATE OF DEATH	лас
		.color or race	5. SINGLE, MAR	RIED, WIDD WED, D (write the word)	21. DATE OF DEATH	193 6 (Year)
5e.	. If merried, widowed, HUSBAND of (or) WIFE of	or divorced			22. I HEREBY CERTIFY, That I attended d	
6.	DATE OF BIRTH (mo	nth, day, and yeer) Ja	m. 18,1931	+		
7.	AGE Yeers	Months	Days	If LESS then 1 day,hrs,	to have occurred on the date stated above, atm.	
L	2	1	9	ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:	Date of ons
N	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.				Convulsions of unknown natur	e
OCCUPATION	9. Industry or bus work was do SAW MILL, 1D. Dete deceesed I this occupeti	iness in which ne, as SILK MILL, BANK, etc	11. Total ti	me (years) nt in this petion	Dther Contributory Causes of Importance: (Over)	2.2
12	. BIRTHPLACE (city o (State or country	r town) Pase	adena, D	14	Direct Contributory Causes of Importance:	
2	13. NAME Geo	rge E. Joh	nson			
FATHER	14. BIRTHPLACE (ci	ty or town/	A. Co.	IId.	Name of operetion Dete of Whet test confirmed diegnosis? Was there en et	
ER	15. MAIDEN NAME	Anna Broo	ks		23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (ci	ty or town)	A. A. Co	Md.	Accident, suicide, or homicide? Dete of injury	, 19
10	(Address)	George .		īđ.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATIDI	N, OR REMOVAL	Dete 3-	I ,1936	Manner of injury	
19	. UNDERTAKER	facks Bulk	m	d	24. Wes disease or injury in any way related to occupation of deceased?	
200	EUED 2 - 2	22.36 7	. 6. 8	grant	(Signed) Q. a. Orest	M.

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11.-The number of years the deceased followed the occupation.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial ne phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

This child died without attendance of physician. Aunte child in same family was taken sick at same time with classical menitogitie. If was removed to Explent the special, and the agent proved to be messingle ones. The Body had externed ruck rigidity to minutel after death, when I first saw it.

3

BINDING 13 properl FOR RESERVED may plnods that MARGIN terms, plain efully in be

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH pluods County Village or City Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. Ward. Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. At married, widowed, or divorced HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than 1 day.\_\_\_\_hrs. 10 or\_\_\_\_min. Trede, profession, or particular kind of work done, as SPINNER, of O SAWYER, BOOKKEEPER, etc .... Industry or business in which back work was done, es SILK MILL. SAW MILL, BANK, etc .... 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHE See 14. BIRTAPLACE (city or town) Name of operation. (Stete or country) important. 15. MAIOEN NAME MOT DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ Should 17. INFORMANT. (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury ILLEADate.

Registration Dist. No. (If death occurred in a hospital or institution, givents NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. 94. Veteran epecify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month I HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, et\_\_\_\_\_m The PRINCIPAL CAUSE OF DEATH end related causes of Importance Date of enset Other Coutributory Causes of Importance: What test confirmed diegnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, sulcide, or homicide?\_\_\_\_\_ Data of injury\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

19. UNOERTAKER (Address)

20. FILEO \_\_\_\_

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example Imagentarian	Edition	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11:0 - 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis (1787) 1300	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FIREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	lus dun	Other contributory causes of importance:	
Gallstones	Mary Company of the Company	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	MAIN
1	IAI )

state

of OCOCPA-

RECORD. Every item of infor-PHYSICIANS should Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied. -WRITE PLA V. S. No. 1 B. ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(82-20)			
County Anne Arundel	,•		Registration Dist. No. 2 I			
Village or City Johnsont	own		NoSt.,	Ward		
Length of residence in situ or town where	looth assured		f death occurred in a hospital or institution, give its NAME instead of street and is.  ds. How long in U.S. if of foreign birth?yrs	number)		
`				osas.		
2. FULL NAME Thomas			If U. S. Veteran, specify WAR			
(a) Residence: No. Johns	sontown (Usualplace		St., Ward.  If nonresident give city or town and	State		
PERSONAL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE male negro		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 25th (Month) (Dey)	, 193 6 (Year)		
5e. If married, widowed, or divorced HUSBAND of						
(or) WIFE of			22. I HEREBY CERTIFY, That t attended Feb. 17th 1936 to Feb. 21			
6. DATE OF BIRTH (month, day, end year) Jul	ne I2.	1935	l lest sew h. im elive on Feb 2I 19 36			
7. AGE Years   Months	Days	If LESS than	to have occurred on the dete steted above, atm.	3/4		
- 8	13	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	1		
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Acute bronchitis	2-151.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	*****					
10. Dete deceased last worked at this occupetion (month and yeer)	11. Totel	time (yeers) ent in this cupation		-		
12. BIRTHPLACE (city or town)	sontown		Other Contributory Casses of importance: - Cerebral hemorrhage during.			
		M.d.	a coughing spell	sudde		
13. NAME George Kane 14. BIRTHPLACE (city or town)	n mh m i d m		Name of a continu	-		
(State or country)	amorrag.	Nd.	Name of operation Date of Whet test confirmed diagnosis? 1 Q Was there an i			
置 15. MAIDEN NAME Delia Fe	erguson		23. If death was due to external causes (VIOL ENCE) fill In also the following			
<b>-</b> 1	mbridg	е	Accident, suicide, or homicide? Date of injury			
∑ (State or country)		Md.	Where did Injury occur?			
17. INFORMANT George Kar (Address) P. O. Pasad		d .	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Magothy	Dete2	-26 ,19 36	Menner of injury			
19. UNDERTAKER AND TOW Mak	er		24. Was disease or injury in any wey releted to occupation of deceased?			
20 EUED 2 - 27 236	zia.	Brei	(Signed) 2. a. a. Duct	M. D		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related eauses of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

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1	U	0	6.

1. PLACE OF DEATH County Anne Arundel			90	21
Village or City Crowns vill	e Stat	e Hospit	Registration Dist. No.	
		(II	death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
1960 74		yrsmos	How long In U.S. if of foreign birth?yrs	nosds.
2. FULL NAIVIE			if U. S. Veteran, specify WAR	
(a) Residence: No. <u>Baltimo</u>	re Cit	y Mar Jl	and. Ward.  Il nonresident give city or town an	d State
PERSONAL AND STATISTICA	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE 5.		RIED, WIDOWED, (write the word)	21. DATE OF DEATH February 2nd (Month) (Day)	., 193 <b>6</b>
5a. If married, widowed, or divorced HUSBAND of Sallie Leve	is		22. I HEREBY CERTIFY, That I attanded January 16th 19 26 to February	
6. DATE OF BIRTH (month, day, and year)	<del>(33)</del>	1869	I lest saw h im alive on Feb. 2nd 19 3	6; death is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, et 4:15P. M.	
67 Unknow		ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:	Data of onset
8. Trade, profassion, or perticular kind of work dona, es SPINNER, Lab SAWYER, BDOKKEEPER, etc.	orer		Cerebral arteriosclerosis	
3. Industry or business In which work wes done, es SILK MILL,	_			
SAW MILL, BANK, atc	1			
this occupation (month and year)	11. Total tip	tin this petion		
	Carol		Other Contributory Causes of importence: Senility	
E 13. NAME Beverly Lev	is			
13. NAME BEVELY LEV  14. BIRTHPLACE (city or town) NOI  (State or country)	th Car	olina	Neme of operation Dete of Whet test confirmed diegnosis? Was there en	
Isabel Bl	end		23. If death was due to external causes (VIDL ENCE) fill In elso the following	
15. MAIDEN NAME ISabel Bl 16. BIRTHPLACE (city or town) Nor (Stete or country)	th Car	olina	Accidant, suicide, or homicide? Date of Injury Where did injury occur?	T
17. INFORMANT Hospital Re (Addrass) Crownsvill		arl end	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL	.C. INTO I	. YIBIIQ	Manner of Injury	
Place M. Culvery	Data Fel	- 6,1936	Nature of Injury	
19. UNDERTAKER MAS R. Q. (Address) // 29 N C.	Ell	we of	24. Was disease or injury by any way related to accupation of deceased?	0
20. FILED 3 , 19 6 E 7	74	Registrar,	(Sign) Crownsville, Maryla	nd .M.D.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN	-
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## STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE O						2
	County		Arunde		<	Registration Dist. No.	2
1.00	Village or (	city Cr	ownsvil	Lle Stat	e Hospit		Ward
	Length of res	idence in cit	y or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and	
2.	FULL NA	ME	]	Daisy Lo		Wrights U. S. Veteran, specify WAR	
	(a) Resider	ice: No			e. Maryl	andt., Ward.  [If nonresident give city or town and	d State
-	PERSON	AL ANI	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	x nale		OR RACE	5. SINGLE, MAR OR DIVORCE SI N#	RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH February 10th (Month) (Day)	, 193 6
5a, If	married, widov	ved, or divor	ced		,	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY. That I attended December 9th 19 25 to February 1	deceased from
6. DA	6. DATE OF BIRTH (month, day, and year) 1917					Hast saw her alive on Feb. 10th 1936	Adamana
7. AG	SE Yes	ers	Months	Days	If LESS than	to have occurred on the date stated above, at 4:45Am.	
	19	9	Unkno	משוכ	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Oate of onset
ATION	8. Trade, profe kind of SAWYER	ssion, or par work done, a , BOOKKEEF	rticular as SPINNER, PER, etc	None		Chronic myocarditis	
₹ ×	9. Industry or work wa SAW MI	business in s done, as S LL, BANK, et	ILK MILL,				
000	Date decease this occur	pation (mon	ked at th and	11. Total t	time (years) ent in this upation		**
12. B	IRTHPLACE (c	ty or town)_ ntrv)	Mary]	Land		Other Contributory Causes of Importance: Chronic mephritis	
HER	I3. NAME		jor Lov	re .			-
	14. BIRTHPLACI	(city or tow	wn)	Maryla	nd	Name of operation Date of	
2 1	15. MAIDEN NA		Josephi	ne (IIn)	nown)	What test confirmed diagnosis? Was there an	
王一	16. BIRTHPLACI	(city or tov	vn) Mx			23. If death was due to external causes (VIOLENCE) fill In also the followin Accident, sulcide, or homicide? Date of injury	
	17. INFORMANT Hospital Records					Where did injury occur?  (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. P	18. BORIAL CREMATION, OR REMOVAL Place Date 2/14/36 19					Menner of injury	
19. U	0	sepf a	Livel mough	J.W. Bolsi	word Md.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, pecify  (Signed)  (Address I OWNS ville, Meryland	 

V. S. No. 1

7

TION is

COAD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

properly classified.

certificate.

mportant. See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAIN

N. B.

UNFADING INK-THIS IS A PERMANENT

AGE should be

FOR BINDING

MARGIN RESERVED

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes, The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago . K. A. 7. 3. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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PHYSICIANS should state

of OCCUPA-

mation s CAUSE TION is

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	03			
1	J	0	1,	

1.	PLACE OF	F DEA	ТН				
	County	Ann	e Arund			Registration Dist. No.	11
	Village or C	ity	Crowns	ville S	tate Hosp	pitiol	Ward
	Length of resid	dence in ci	ty or town where d	leath occurred 2	yrs, 4 mos	f death occurred in a hospital or institution, give its NAME instead of street and is.  How long In U.S. if of foreign birth?m	number)
2.	FULL NA	ME		h A. Ki		If U. S. Veteran, specify WAR	
	(a) Residence	ce: No	Carol	ine Cou	nty, Mar	ylend Ward.	
	BEDCON	A1 AN		(Usual place	,	If nonresident give city or town and	State
3. SE		1	D STATISTI			MEDICAL CERTIFICATE OF DEATH	
	male	bl	ack	OR DIVORCE	RIED, WIDOWED, D (write the word) 1 e d	21. DATE OF DEATH  Feb. 23rd  (Month) (Day)	, 193_6 (Year)
	merried, widow HUSBAND of (er) WHFE ef	ed, or divo		Unknown		22. I HEREBY CERT1FY, That I attended Sept. 29 1933 to Feb. 23	deceased from
6. DA	TE OF BIRTH (	month, da	v. end vear)	861		I last saw h _ im_ elive on _ Fe b 23	
7. AG		rs	Months Unkno	Days	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at 8: 30P mM.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	Trade, profes kind of w SAWYER,	sion, or pa ork done, BOOKKEE	erticular es SPINNER, PER, etc	Farmer		General arteriosclerosis	Date of onset
UPAT	9. Industry or to work was SAW MIL	done, as S L, BANK, e	which SILK MILL,				
000	Date decease this occup		ked at	11. Total t	ime (years) nt in this upation		
12. B	IRTHPLACE (city (State or coun		Mar	yland		Other Contributory Causes of importance: Senility	?
R 1	3. NAME	Per	ry Kils	on			
FATHER	4. BIRTHPLACE (State or		wn) Ma:	ryland		Name of operation	
2 1	5. MAIDEN NAM		Sarah R	ckeste	r	What test confirmed diagnosis? Wes thera an a	
MOTHER	16. BIRTHPLACE (city or town) Maryland (State or country)					23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
17. IN	17. INFORMANT HOSDital Records (Address) & Frown swille. Maryland				and	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BI	18. BURIAL CREMATION, OR REMOVAL  Place Parallet Dete 2/27, 1976					Manner of injury	
19. UNDERTAKER Dr. P. W. W. whode Dups (Address) Waterbury						24. Was disease or injury in any way related to occupation of deceased?	7
20. FI	LED 7	7,1	36 2	J. Joy	Registrar.	(Signed) (Address) Crownsville, Maryland	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory tauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1. PLACE OF	DEATH	JE MAR	(ILAND	CERTIFICATE OF DEATH	201
	County_ A	nne Arunde	el Count	. Y	Registration Dist, No.	/
	Village pr City	Crownsy	ille Sta	te Hospi	talno.	Ward
	Length of reside	nce in city or town where		(1)	f death occurred in a hospital or institution, give its NAME instead of street and s. 26.ds. How long in U.S. if of foreign birth?m	number)
	2. FULL NAM	E Louise	e Knox		If U. S. Veteran, specify WAR	
	(a) Residence	: No. Baltir	Ore Git		St., Ward.  If nonresident give city or town and	State
	PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	female	dlack		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Feb, 24th (Month) (Day)	, 193 6 (Yaar)
5e	. If married, widowad HUSBAND of (or) WIFE of	or divorcad, Single			Dec. 29th	decaasad from
6	DATE OF BIRTH (me	onth day and year	1912		Hest saw h. er alive on Feb. 24th 1936	; daath is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3: 15A nM.	, , uagtii 15 3aiu
	24	Unkr	1 d wn	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:	1
8. Trade, profession, or particular kind of work dona, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc. HOUSEWORK					Cardiac dilatation (acute)	Data of onsst
and shell I lills			sp.	time (years) ent in this		
12	BIRTHPLACE (city of	or town)	Housewor	- V	Other Contributory Causes of importance it is	
ER	13. NAME	John Knoz	ς			
FATHER	14. BIRTHPLACE (c (Stete or co	city or town)	North (	arolina	Neme of operation Data of What test confirmed diagnosis? Was there an a	
ER	15. MAIDEN NAME	Roberts	Knox		23. If deeth wes due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (c	ity or town) NOI't	h Carol	ina	Accidant, suicide, or homicide? Date of injury  Where did injury occur?	
Hospital Records 7. INFORMANT Crown sville, Maryland					(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) AGE,
18	Place Tre	W. OR REMOVAL	moate Fet	25 7, 1936	Mannar of injury	
19	UNDERTAKER (Address)	rehital	Boil	addis	24. Was diseasa or injury in any way related to occupation of deceasad?	
20	FILED 2- Z	5 , 19 36	Men	After 1	(Signed) Crownsville, Marylar	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLA

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	CERTIFICATE OF DEATH 1334
1. PLACE OF DEATH  County	Registration Dist. No. 24
Village or City Clemelet	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foralgn birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 9, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BERTH (month, day, and year 2, 1914	I last saw h walive on 24 9 1936; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 220 Rm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc.	Tolan frem 14/25
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	-
13. NAME 11.	Name of operation
cel	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Accident, suicide, or homicide?
Place County of REMOVAL Md. Date 4/18 1936	Mannar of injury
19. UNDERTAKER 7.9 hasdisty 4 8 m. (Address) Salesville ma	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED Leb /2., 1936 Les John Mr. Registrar.	(Signed). M. D. (Addrass) Owney LLC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioscierosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1026	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
SUPPAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL OF MAKILAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County (lune (brundel	Registration Dist. No. 23
Village or City Reduce Rd. Nr. Alsse	
Length of residence in Atyl or town where death occurred / Ars	Meath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Langui of residence in dry of town where death occurred 7715.	Jan 1018 in 0.0.11 of total and the contract of the contract o
2. FULL NAME William 14. // Mills	ry
(a) Residence: No. Color (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR DACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (North)  (Day)  (Year)
Sa. If married, widowed of givorced	(loay) (loay)
HUSBAND OF Julia Mallary	22. Tel. 15 136 to Tel. 2/2 1936
6. DATE OF BIRTH (month, day, and year) 26- June 1858	I last saw h ma alive on Feb. 21 2 , 1936; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
77 8 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machinist SAWYER, BDDKKEEPER, etc.	Withel Regulation ?
Industry or business in which work was done, as SILK MILL Machine Shop.	1 1
SAW MILL, BANK, etc	with acut becompensation,
this occupation (month and 9/6 spent in this 25	
1 Balloux	Other Contributory Causes of Importance:
12. BIRTHPLACE/city or town) / A Company (State or country)	Chu tellutu - 2
13. NAME Jobius malloris	
Land of the second	20kgru
(State or country)	Name of operation Date of
15. MAIDEN NAME MAY ON H Number	What test confirmed diagnosis? Was there an autopsy? Was
11. 11.	23. If death was due to external causes (VIOLENCE) fill in elso the following:
2 16. BIRTHPLACE (city or town) Alla Alla Alla (State or country)	Accident, suicide, or homicide?
Mr. 11 8 12 1.01	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT / 1/10 W ) / Suffer R. 7-10	Specify whether injury occurred in thousant, in nome, or in Public PLACE.
18. BURIAL, MEMATION, OR REMOVAL	Menner of injury
Plan ruendsky Chum Date Jeby 2403 6	Nature of injury 4
Thomas W Hingstham -	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER TOMAS (Addyess) Flew Burnie, md	If so, specify A
on such tet 24 ,36 M. R Readle	(Signed) Thank the ley, M. D.
20. FILED	(Address) Davoge, M.
If more blanks are needed, address State Registrar,	2413 N. Charles Street, Baltimore, Requesting V. S. No. J.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 5 1936				
Other containstown advance of immentances		Other contributory causes of importance:		
Gallstones Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLACY, VATH UNFADING INK—THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACT	CAUSE OF DEATH in plain terms, so that it may be properly classified	TION is very important. See instructions on back of certificate.
H	b	P	0
NK-T	plnods	it may	n back
II SNIC	AGE	so that	ctions o
UNFAI	upplied.	terms,	e instru
H	N S	ain	Se
In	refully	in pla	ant.
LY,	be car	ATH	mport
PLA	pino	F DE	rery in
E	sh	EO	IS
WRIT	mation	CAUS	TION
B.			1
Z		1	120

STATE OF MARYLAND	CERTIFICATE OF DEATH 1330
1. PLACE OF DEATH	(6)
County Anna Amudel	Registration Dist. No.
Village or City Millersville	No. St., Ward
Length of residence in city or town where death occurred vrs.	If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
	sky x
(a) Residence: No.V Mulleworlle . Med (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Clush 4. COLOR OR RACE Uhite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mopph) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Febr. 26, 1921.	I last saw h alive on 7 day // 1936; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 m.
14 11 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
S Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Diatus lymphaticus
9. Industry or business in which work was done as SILK MILL	1934
work was done, as SILK MILL, None SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and this occupation (month and this occupation).	(child has never developed normals)
) Joseph	Dther Contributory Courses of importance:
12. BIRTHPLACE (city or town) Washington D.C. (State or country)	1 hyrord desease 1921
1 1/ 1/10/19	Pitulous diagram 1923
	Vigantia accesses
4 14. BIRTHPLACE (city or town) Remu	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
T GOOD	23. If death was due to external causes (VIDLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town) Washing far. (State or country)	Accident, solicide, of nothicide: Data of mjuty, 19
Mr. MKSICPIL	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1844 - 13.11. M. CLOSKY	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury Zure
Place Westington AC Date Jeh 13 , 1936	- Natura of injury Zuace
10 margares bolon P 71/ right	24. Was disease or Injury in any way related to occupation of decaased?
19. UNDERTAKER POTOTO IC. White Wash	If so, specify
2/12 : 136 5-7 /000	(Signed) Thu / Kaffy M.D.
20. FILED 1998 Registrar.	(Address) Lawfrill Met
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must sta	To	be	complete,	an	occupation	return	must	state
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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	4				

Saw before	, A	ADDITION	ALSPA	CE FOR	FURTHER	STATEM	ENTS BY PH	YSICIAN	,	0
paw	alece	ared	for T	he 4	vect	tous	about	half	an	noser.
before o	tealt	occu	reed	. 0		71.5		0		
0										

1. PLACE OF DE		F MAR	YLAND—	CERTIFICATE OF DEATH	37
County A Village or City			RPORATE LIMIT	Registration Dist. No. 21 No. Emergency Hospital St.	
Length of residence in			O yrs mos	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs	number)
2. FULL NAME (a) Residence: No.		Park,	ckinsey A. A. Co.	, <b>U</b> d. Ward.	
PERSONAL A	ND STATISTI	(Usual place		If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. CO	LOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  February 17  (Month) (Day)	, 193
5a. If married, widowed, or d HUSBAND of (or) WIFE of FO1		nsey		22. J HEREBY CERTIFY. That I attended	
6. DATE OF BIRTH (month,	day, and year) Au	g. 2, 1	867	I last saw h alve on F. U 17 h 19.3 (	_; death
7. AGE Years 68	Months 6	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date e
8. Trade, profession, or kind of work dor SAWYER, BODK 9. Industry or business work was done, a SAW MILL, BAN 10. Date deceased last	le, as SPINNER, EEPER, etc	Housewi	time (years)	Diabytic Coma	7.1
this occupation (ryear)  12. BIRTHPLACE (city or tow (State or country)	n) Franki Per	ford nsylva	ntin this upation	Other Contributory Causes of Importance:	15
13. NAME Edwi 14. BIRTHPLACE (city or (State or country	town)Pe	gan ennsylv	ania	Name of operation	
15. MAIDEN NAME F  16. BIRTHPLACE (city or (State or country)	annie Cra			What test confirmed diagnosis? Was there an  23. If death was due to external causes (VIDLENCE) fill In also the following Accident, suicide, or homicide? Date of Injury  Where did Injury occur?	g:
17. INFORMANT Mrs. (Address) St.	O. Ridov Margaret	it. Jr.	.Co. Md.	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
18. BURIAL, CREMATION, DR		Date Feb	. 19,,19 36	Manner of Injury	
19. UNDERTAKER John (Address) Anna	M. Taylo	r,	(.)	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 4 1 1	, 19	11111	Non Perist Be	(Signed) (August Carallel Const.)	<i>f</i>

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

TIFY, That I attended deceased from

---- Date of ----- Was there an autopsy?\_\_\_\_

Date of enset

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TEPFAU V. S.			3.03	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

1. PLACE OF		OF MAR	YLAND—	CERTIFICATE OF DEATH	1338	
County Anne Arundel				Registration Dist. No.	21	
1	nr, Anna		2. ()[	No. Arundel Road St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)		
2. FULL NAM	E HATTIE	G. MER		sds. How long in U.S. If of foraign birth?yrs	ds.	
(a) Residence	: No. Nr. Ann	(Usualplace	of abode)	St., Ward.  If nonresident give city or to	own and State	
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH	
female  5a. If married, widowed	white		RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH 2 (Month) (Day)	, 193 6 (Yeer)	
HUSBAND of	harles S.			22. I HEREBY CERTIFY, Thet I	26 ,19 36	
6. DATE OF BIRTH (m 7. AGE Years	onth, day, end yaer) A	ug. 12,	1862 tf LESS than	to have occurred on the date stated above, et	1936; deeth is sald	
7	3 6	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importar ware as follows:	Date of onset	
8. Trade, professi kind of wo SAWYER, B 9. Industry or bu work was d SAW MILL, 10. Date dacased	k done, as SPINNER, OOKKEEPER, etc	none		Myrans Myrand	helican	
Work was d SAW MILL, 10. Date dacaased	ona, as SILK MILL, BANK, etc	11 Total ti	ime (veare)	Paimon Course: Chronik myocordition	Curfel.	
unis occopa	ion (month and	spe	ime (years) nt in this upation	I Duration: Unknown,		
12. BIRTHPLACE (city				Other Contributory Causes of Importance:  Arthur Jelians	mf	
(State or countr	niel Silkm	ennsylva nan	118.	Odyperleurin	non	
14. BIRTHPLACE ( (Stete or co	city or town)	New Yo	rk	Name of oparation D What test confirmed diagnosis? Was tl	Pate of	
15. MAIDEN NAM				23. If daath was due to axternal causas (VIOLENCE) filt in also the following:		
15. MAIDEN NAME Catherine Tripp  16. BIRTHPLACE (city or town) Scranton, (Stete or country) Pennsylvania.			vania.	Accident, suicida, or homicide? Date of Injury Whare did injury occur?		
17. thFORMANT Mrs. John P. Ryan, (Address) Pottsville, Pennsylvania.			lvania.	(Specify city or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or in PUI	and State) BLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE Washington, D.C. Bate Feb. 28, 19 36			. 28, 19 36	Mannar of injury		
Glenwood Cemetery  19. UNDERTAKER John M. Taylor,  (Address) Annapolis, Md.				24. Was disaase or injury in any way related to occupation of dacea	ased? Zeo	
20. FILED 2 2.			sph y	(Signed) Junge C. Barel  (Address) Janapolio M	,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1339
1	1. PLACE OF DEATH	940 >
3	County Home Hrundel	Registration Dist. No.
	Village or City Lothian Md.	NoSt.,
	(It	death occurred in a horpital or institution, give its NAME instead of street and numb ds. How long In U.S. if of foreign birth?
	11. A/ 1+	
1 :	2. FULL NAME TILCE IVEVITION	If U.S. Veteran specify WAR.
	(a) Residence: No. J. O.T. Liay (Usual place of abode)	St., Ward.  If nonresident give city or town and State
CONTRACT OF THE PARTY OF THE PA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Femule 1. COLOR OR RACE OR DIVORCED (price the word)	21. DATE OF DEATH  FCDV4 947 23 19:  (Month) (Day)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended dece
6.	DATE OF BIRTH (month, day, end year) april 14, 1854	I last saw h alive on, 19; de
	AGE Years Months Q Days If LESS than	to have occurred on the date steted above, atm.
	S   after   Iday,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
N	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1. Myo carditis (Chronic
ATION	9 Industry or husiness In which	A House Post in a
JUP.	work was done, as SILK MILL, al Momes c	January Jan Market State
00	10. Date deceased last worked at this occupation (month and spant in this	
_	year) occupation occupation	Other Coatributory Causes of importance:
12	L. BIRTHPLACE (city or town)  (State or country)  (State or country)	
ER		
FATHE	14. BIRTHPLACE (city or town) Calliver CO Md	Name of operation Date of
FA	(State or country)	What test confirmed diagnosis? Was there an autop
HER	15. MAIDEN NAME Phabia Lorbes	23. If death was due to external causes (VIOL ENCE) fill In also the following:
MOTH	16. BIRTHPLACE (city or town) Lothian	Accident, suicide, or homicide? Date of injury
Σ	(State or country) $a - a - md$	Where did injury occur? (Specify city or town, county and State)
17	7. INFORMANT SEOTGE / EVISH (Address) Lothian a-a-co-kyd	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18	B. BURIAL, CREMATIDA, OR REMOVAL 9. 97 30	Manner of Injury
-	Place / Date L1 ,1909	Nature of injury
19	9. UNDERTAKER EO, H 13 Tarker	24. Was disease or injury in any way related to occupation of deceased?
1	(Address) 47 Washington St	(Signed)' Grafe / Own
20	D. FILED 19 76 Egistrar.	(Address) Friendship Md
11		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

940 \
Registration Dist. No.
NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
If U.S. Veteran specify WAR.
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  FCDY LIGHT 23 (Day) (Year)
22.   HEREBY CERTIFY, That I attended deceased from
, 19, to
I last saw h alive on, 19; death is said
to have occurred on the date steted above, atm,
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:  1. My o car diffis (Chronic Date of onset
2 Haging Pectoria
The standard of the Manual and the Deliver of the second
Dther Coatributory Causes of importance:
Name of operation Date of
What test confirmed diagnosis?
23. If death was due to external causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicide?, 19, 19, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Manner of Injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
(Signed)' Thyell Own
(Address) Friendship My sching
2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4.64,806,	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1341

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis 2036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

V. S. No. 1

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	te it	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	159
(IV		County ( )	Registration Dist. No.
	E - \	Village or City Best Gala	NoSt.,Ward
		Length of residanca in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) dsHow long in U.S. If of foreign birth?yrsmosds.
(X	D. Every YSICIANS statement	2. FULL NAME Julant Say lo	Torker  If U.S. Veteran specify WAR.
X	b. I SIC	(a) Residence: No. BEST Falls And	St., Ward.
1		(Usual place of abode)	If nonresident give city or town and State
	. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1		3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 28 , 193 (Month) (Day) (Year)
N.G	T I fied.	5a. If married, widowed, or divorced HUSBAND of	
DI	A C Ssift	(or) WIFE of	22. I HEREBY CERTIFY, That I atlanded daceased from
BINDING	K X X	E DATE OF DIDTH (month day and year) Feb. 27 1936	I last saw h
	PE II E III	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days # If LESS 14940	to hava occurred on the date stetad above, at
FOR	IS A PE stated E properly certificate	1985 Lite, 27 1 day, 4 hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_	70	8. Trade, profession, or particular kind of work done, as SPINNER,	
回		kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,	Complementi (Tuo)
RV	RVI	work was done, as SILK MILL, SAW MILL, BANK, etc.	U/comacone of (1-4)
RESERVED	Sh it	11. Total time (years) this occupation (month and spant in this	
SE.	. (2)	yaar) occupation	Dither Contributory Causes of importanca:
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) BEST Fals	Direct Contributory Causes of Importance.
MARGIN	AD ed. s, s	(State or country) a a co 111d	
R	UNFA supplied n terms, ee instri	13. NAME Harry Jaylor	
MA	D = 0	13. NAME PANY Jaylor  14. BIRTHPLACE (city or town) BELT Gale	Nama of oparetion
	ITH ally su plain	(State of country)	What tast confirmed diegnosis? Was there an au'opsy?
	LACK, WITH be carefully EATH in plainportant.	15. MAIDEN NAME Lilian Lewrence Parker  16. BIRTHPLACE (city or town) 1328 L. Gals	-23. If daath was due to external causes (VIDLENCE) fill in also the following:
	Y, car H, orts	5 16. BIRTHPLACE (city or town) 13261 Yals	Accident, suicide, or homicide? Date of Injury, 19
	Allery, d be can DEATH y import	(State or country) $a - a - e_0 - 111d$	Where did injury occur?(Specify city or town, county and State)
	All ld lDE	17. INFORMANT JOUN Far Ray	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
	S PLA Should OF D	LB. BURIAL, CREMATION, DR REMOVAL	
	[+]	Place Low Port Cant Date 2 29 1936	Manner of Injury
	-WRITE mation s CAUSE TION is	L 114) 1) V	Nature of Injury
4	CA	19. UNDERTAKER CO. T. J. January Com. (Address) 47 J. January Com.	24. Was disease or injury in any way related to occupation of deceased?
No.	B B	(Address) 47 Nashington	(Signed) Lawrence W. Greene M.
>. S3	z U	20. FILED 2 19.3 D All N. D Registrar.	(Signed) 3 Calares Q.f.
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AI 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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PHYSICIANS

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statement

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritts	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1343				
1. PLACE OF DEATH	10 10			
County to to	Registration Dist. No. 2			
Village or City Camp Raidle	14. No. St. Ward			
Mi	death occurred in a norphalor institution, give its IVAIVIE instead of street and number)			
	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Mideria Person	1 U.S. Veteran specify WAR			
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH			
Sa. If married, widowed, or divorced HUSBANO of Or Married Wife of Ward August 1997	(Month) (Day) (Year)  22.			
mong sections	15 1911, to 27 1936.			
6. DATE OF BIRTH (month, day, and year) Sune 9-1902	I last/saw have alive on 19 ; death is said			
7. AGE Years Month's Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
ormin.	were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cente beforety Dan 14.			
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	1936			
SAW MILL, BANK, etc	Welmala Jonsilliting was too pri- tel It.			
this occupation (month and spant in this occupation	may cause of the sante reportition conjug.			
12. BIRTHPLACE (city or town) Unmay This	Other Contributory Causes of Importance:			
(State or country)	Mo			
13. NAME / Tromas Johns				
14. BIRTHPLACE (city or town) / sulest River	Name of operation Oate of Oate of			
(State or country) Cu. Co.	What test confirmed diagnosis? Was there an autopsy? W			
15. MAIDEN NAME Jucy Mc Woneaf	23. If death was due to external causes (VIOL ENCE) fill In also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
17. INFORMANT Mobby. Persons.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Cappis Reado. Ma., 18. BURIAL, CREMATION, OR REMOVAL				
Piace Bury Kilf Date March 1936	Manner of injuryNature of injury			
19. UNDERTAKER Chare Hichs Is.	24. Was disease or injury in any way related to occupation of deceased?			
(Address) Canada Mag	(Signed) M. A.			
If more blanks are needed, address State Revistras.	(Address) 2 The Control of the Charles Street Baltimore Requestion 71 S. N. C.			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nb. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

OCCUPA-

Jo

Exact statement

classified.

certificate. properly

See instructions on back of

may

AUSE OF DEATH in plain terms, so mation should be carefully supplied.

TION is very important.

(Address)

CREMATION, OR REMOVAL

Every item of infor-

	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	) A A
1. PLACE 0	F DEATH		- (R)	744
County	aune are	udel.	Registration Dist. No.	3
Village or a	city no gleaba	cris (1	No. Harrow P. St., f death occurred in a hospital or institution, give its NAME instead of street an	Ward d number)
Length of res	sidence in city or town when	e death occurred 50 yrs, mo	sds. How long in U.S. if of foreign birth?yrs  If U.S. Veteran, specify WAR	.mosds.
(a) Reside	nce: No. www glub	(Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male.	4. COLOR OR RACE W.C. 7_e	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193_6(Year)
5a. If married, wido HUSBANO of (or) WIFE of	med, or divorced many R.	Phelps.	22. I HEREBY CERTIFY, That I attended	n
6. DATE OF BIRTH	(month, day, end yeer)	J me 15-7/ 1859	1 lest saw h in alive on Jan 4 th 193	. ; death is said
	Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate ot onset
kind of	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc	Farmer -	Cecubral subolism with	lle 4th 3
9. Industry or work wa SAW MI	business in which as done, as SILK MILL, ILL, BANK, etc	Reliner.	partial mater poorey sio	
this occi	sed last worked et upation (month end	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (c		ut 6 - ned.	Other Contributory Causes of importance:	
(State or cou	7 P	0	I rabably Second Smball 8m -	few mult
13. NAME Janes Leeps -			Neme of operation	-
(State o	or country) M	4.	What test confirmed diagnosis? Wes there a	n eutopsy?
15. MAIOEN NAME Margare Shiple  16. BIRTHPLACE (city or town)  (Stete or country)  The Country		- Sh. pla	23. If death was due to externel causes (VIOLENCE) fill in also the follow  Accident, suicide, or homicide?	/,19
17. INFORMANT	The more R.	defos -	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic intenstitial nanhaities	1921	Run over by street car	1 week ago
Cerebral hemorrhage AR 5 1938	July 5,1927	Peritonitis	3 days ago
SURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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Exact statement of OCCUPA-

V. S. No. 1

is very important. See instructions on back of certificate.

			OF MARY	/LAND-	CERTIFICATE OF DEATH 1345
	1. PLACE OF DEATH				Pagistration Diet No. 21
	County Anne Arundel				Registration Dist. No.
Vill	age or CityW	est Ann	apolis		No. Severn Ave. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Len	gth of residence in c	ity or town where	death occurred_2		ds. How long In U.S. if of foreign birth?mosds.
2. FUI	LL NAME	FREDERI	CK PROSK	EY	
(a)	Residence: No	Severn			St, Ward.
DE	TOSONAL AA	ID CTATIOT	(Usual place o		If nonresident give city or town and State
3. SEX		OR OR RACE	S. SINGLE, MARR		MEDICAL CERTIFICATE OF DEATH
mal	e w	hi te		(write the word)	21. DATE OF DEATH February 19, 193 6 (Month) (Oay) (Year)
5a, If marr HUSB (or) V	5a. If married, widowed, or divorced HUSBANO of Eva M. Proskey (or) WIFE of				22. J HEREBY CERTIFY Thet I attended deceased from
6. DATE O	F BIRTH (month, da	v. and vear) A	pril 23.	1893	I last saw h see alive on 2 et 19, 19 36 death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at & L. F. m.
	42	19	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Ö. //	ede, profession, or p kind of work done SAWYER, BOOKKE dustry or business in	as SPINNER, EPER, etc	clerk,		Bronohiol Pneumona Jel 15
8			press Of		
910. De	te deceesed last wo this occupation (mo year)	inth end		ne (years) t in this pation	
	PLACE (city or town) ate or country)	New	York		Other Contributory Causes of importance:  Disple: Dissolution Del 1
13. NA	ME Samuel	Proske	У		
13. NA 14. BIF	RTHPLACE (city or to (State or country)	own)	New Yor	·k	Neme of operation
2 15. MA		nnie S.			What test confirmed diagnosis? Was there an autopsy?
<b></b> )	15. MAIOEN NAME Minnie S. Cobb  16. BIRTHPLACE (city or town)  (Stete or country)  New York				23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19,  Where did injury occur?,
17. INFORMANT Mrs. Alex Proskey, (Address) West Annapolis, Md.					(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Oate Feb. 22, 19 36					Manner of injury
Cedar Bluff Cemetery  19. UNOERTAKER John M. Taylor,  (Address) Annapolis, Md.					24. Was disease or injury In any way related to occupation of deceased?
20. FILEO	0 4 0	19.96	mm	Registrar.	(Signed) Large (Space) M. D. (Address) Quenfold Ref
		If more	blanks are needed, ad	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1921	Attack of epilepsy  Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		134	)
County Anne Arundel		10	/
Village or City Crownsyille Sta	te Hospi	ts No. St.,	Ward
Length of residence in city or town where death occurred	3_yrs,8_mos	Registration Dist, No.  St.,  f death occurred in a hospitel or institution, give its NAME instead of street and n s. 10 ds. How long in U.S. If of foreign birth?	umber)
2. FULL NAME Mary Raisin		If U. S. Veteran, specify WAR	
(a) Residence: No. Baltimore, Ma (Usualplace)	ryland of abode)	St., Ward.  If nonresident give city or town and :	State
PERSONAL AND STATISTICAL PARTIE	CULARS	MEDICAL CERTIFICATE OF DEATH	
female black or DIVORCEI	RIED, WIDOWED, O (write the word) O C	21. DATE OF DEATH February 11th (Month) (Oay)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSERMO OF JOSEPH Raisin (or) WIFE of		22. I HEREBY CERTIFY. That I ettended of May 31st 1932 to February 1	deceesed from
6. DATE OF BIRTH (month, day, and year) 1873		liast saw h. er alive on Feb. 11th 19 36	death is said
7. AGE Years Months Days	if LESS then	to have occurred on the date stated above, et 2:15An. M.	,
63 Unknown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWO	rk	Cerebral arteriosolerosis	Oate of onset
S. Frade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
Shell	me (years) it in this — — — — petion		
12. BIRTHPLACE (city or town) Maryland (State or country)		Other Contributory Causes of importance: Gangrene (senile) of lower	
		extremities	
E Monulond			
(State of country)		Neme of operation	
15. MAIOEN NAME Margaret Ward		23. If deeth was due to external ceuses (VIDL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Maryland (Stete or country)	•	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Hospital Records (Address) Crownsville, Mary	land	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
18. BURIAL, CREMATION, OR REMOVAL Place Of the Country One 2/1/	. 1936	Manner of injury	
19. UNDERTAKER R. P. Meullidl	£	24. Was disease or injury in my way related to occupation of deceased?	
20. FILED JULY 19 36 E 7 John &	Registrar.	(Signed) Crownsville, Maryles	M. D.
If more blanks are needed, as		2017 N. Charles Street Relaiman Parastra (1) S. No.	1.61

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	t <sub>i</sub>	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage. V. S.	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:	r mine	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Every item of infor-

EXACTLY

stated

properly classified.

it may should

certificate.

See instructions on back of

important.

OCCUPA-

Jo

Exact statement

-WRITE PLA

V. S. No. 1

		STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 134	6
:	. PLACE OF	DEATH			190	
County Anne Arundel					Registration Dist. No. 2	/
	Village or Cit	y Crowns	ville S	tate Hos	pit <sub>Ne.</sub> 1	Ward
				(II	death occurred in a hospital or institution, give its NAME instead of street and r	umber)
	Length of reside	Well town where d	eath occurred		5ds. How long in U.S. if of foreign birth?yrsme	
1		Walter			If U. S. Veteran, specify WAR	
1			(Usualplace	of abode)	er gil, and Ward.  If nonresident give city or town and	
	PERSONA	L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	3. SEX male  4. COLOR OR RACE black  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				21. DATE OF DEATH  February 16th  (Month) (Day)	, 193_6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year)					Feb. 11th ,1936, to Feb. 16th ,1936; death is said	
7. AGE Yeers Months Deys If LESS than 1 day,hrs.					to have occurred on the date stated above, at 9:45A m.M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 rade, profession, or particular kind of work done, as SPINNER, Laundryman SAWYER, BOOKKEEPER, etc.					Gangrene of both feet due to	Date of onset
UPAT	9. Industry or bu	usiness in which done, as SILK MILL, , BANK, etc		<b>→</b> 4m		
ŏ	10. Date deceased this occupa			me (years) it in this petion		
12. BIRTHPLACE (city or town) Virginia (State or country)					Other Contributory Causes of importance: Toxemia	
ER	13. NAME	Moses Ray	wlings			
14. BIRTHPLACE (city or town) Mary land (State or country)					Name of operation Date of	Wanay?
15. MAIDEN NAME UNKNOWN					23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOLE	16. BIRTHPLACE ( (State or c	city or town)	Inknown		Accident, suicide, or homicide?	
	F	Hospital Red	ebros		(Specify city or town, county and State	)

TION is 19. UNDERTAKER (Address)

(Address)

Crownsville

1986

CREMATION, OR REMOVAL

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injur

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example Language source		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic intensified as halfs	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(157)
20 / 23	County	Registration Dist. No. 2
1111/ 276	Village or City O Clubon	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS cement	Length of residence In city or town where deeth occurredyrs,mos	How long in U.S. if of foreign birth?yrsmosds.
Eve CIA	2. FULL NAME 2 devand Carroll	Life Godin specify WAR.
D. Every YSICIANS statement	(a) Residence: No.	Lacy Ward.
	(Usual place of abode)	If nonresident give city or town and State
KEC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<b>S</b> .	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
NG	5a. If married, widowed, or divorced HUSBAND of	
BINDIN ERMANI EXAC' y classifi	(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
C C X X	7112636	19.3610
PE E	6. DATE OF BIRTH (month, day, and year)	l last saw have alive on 400 18 36; death is said
R A A Ber	7. AGE Years Months Days If LESS than 1 day,	to be e occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	d d or min.	were as follows:
<b>a</b> 00 a	8. Trade, profession, or particular kind of work done, as SPINNER,	
THI d p d p k o	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Jindustry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc.	Clast literblong
RV rould may back		700-
RESERVEL G INK—THI GE should be that it may be ons on back of	U 110. Date deceased last worked at 11. Total tima (years)	Vacas :
RES 194G I AGE that ons o	this occupation (month and spant in this occupation occupation	
N A T O	- Monton	Other Contributory Causes of Importance:
IN DI So so uct	12. BIRTHPLACE (city or town) (State or country)	1/2 / Marth
MARGIN RE UNFADING supplied. AGI n terms, so tha	13, NAME Why Bight	1 uname
	E	
1 PM 100 Z.C.	14, BIRTHPLACE (city or town) (State or country)	Name of operation
2 2 2		What test confirmed diagnosis? Was thera an au'opsy?
be careful ATH in p	15. MAIDEN NAME Donis Catteton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Car CH orts	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, homicide? Date of Injury, 19
be be	- (State of County)	Where did injury occur? (Specify sity or town, county and State)
	17. INFORMANT/MA DICTURGO AND	Specify whether Injury occurred in INDUSTRY, in HOME or In PUBLIC PLACE.
E PLA should OF D	(Address)	
O W D	18. BURIAL, CREMATION, OR REMOVAL THURCH Hard	Manner of injury
WRIT nation AUS TON	Place Oale 117 19 19	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Omas W. Dingliton	24. Was disease or Injury In any way releted to occupation of deceased?
No.	(Addiss), Glen (Jurile and.	If so, specify
vi	20. FILED T'et. 19 1936 M. R. De alba	(Signed) JAJA KANICE M. I
P Z	Ap, Registrar.	(Modress)
	If more blanks are needed, address State Registrar,	2411 N. Challes Street, Baltimore, Reguesting D.S. Der Loy Miles

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Later transaction of the second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County line Crunda	Registration Dist. No. 2/
Village or City Churcholes	No. Cruerylucy Houft St, 2 Ward
	death occurred in a hospital or institution, five its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
13110	
2. FULL NAME Saly Gelly	If U.S. Veteran specify WAR
(a) Residence: No. O refer Jenley Houff (Uppel place of phode)	St., 2 Ward.  If nonresident give city or town and State
PETSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) Sen gle	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
Feb 29 1936	light saw h in alive on MAN OOCHEGO death is said
6. DATE OF BIRTH (month, day, and year). Tety 2 1930 7. AGE Years Months Days If LESS than	liast saw h alive on MMM W GCC 1709; death is said to have occurred on the date stated above, at 10
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows: ) (A) A Al Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Malo Luxus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	
year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) ( Lunsafron 144) (State or country)	
	2 2
13. NAME Frances W. Tiley	4 A Can
14. BIRTHPLACE (city or town) Mew york.  (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? \( \sqrt{\text{MQ}} \)
15. MAIDEN NAME Schalle Connor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ollaso:  (State or country)	Accident, suicide, or homicide?
1 · 21/ R.C.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Plantes W. July (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Haval Cerul Date Lety 3, 1936	Nature of injury
Ool. Day Sally	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Cannabali 218d	If so, specify
20. FILED 2 3 , 19 36 2 Must Registrar.	(Signed) T. G. Mily Clading M. D. (Address J. D. G. S. V. Clading)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. Lucy, Right Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIGENSE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

OCCUPA-Jo SICIANS statement may back that See plain carefully in DEATH should OF CAUSE LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. No.161 Conduit Village or City Annapolis (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residance in city or town where death occurred 57 yrs 10 mos. 11 ds. How long in U.S. if of foreign birth? yrs mos. ALVERTA ROBERTS 2. FULL NAME 161 Conduit (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH 36 OR DIVORCED (write the word) February white female married (Day) 5a. If married, widowed, or divorcad HUSBAND of CERTIFY. That I attended deceased from William S. Roberts (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE **Oavs** If LESS than to have occurred on the date stated above, at 4.43 Months 1 day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 57 10 11 or\_\_\_\_min. Oats of onset 8. Trada, profession, or particular TION kind of work done as SPINNER. housewife Patien 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc .... 10. Oata dacaased last worked at 11. Total time (years) this occupation (month and spant in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town) \_\_\_\_ (Stata or country) Maryland FATHER 13. NAME John H. Jones Annapolis. 14. BIRTHPLACE (city or town) .... (State or country) Maryland What test confirmed diagnosis? HER Bassford 15. MAIOEN NAME Marv 23. If death was due to external causes (VTOLENCE) fill in also the following: Annapolis, Accident, suicide, or homicide?\_\_\_\_\_ Date of injury \_\_\_\_\_ 19 16. BIRTHPLACE (city or town) .... (State or country) Maryland Where did injury occur? .... (Specify city or town, county and State) 17. INFORMANT Mr. Sidney Roberts. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 161 Conduit St. Annapolis. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Annapolis, Md. Oate Feb. 19. 19 36 Nature of Injury Naval Academy Cemetery 19 UNDERTAKER John M. Taylor 24. Was disease or injury in any way related to occupation of deceased? Annapolis if so, specify\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County a-a, Co,	CERTIFICATE OF DEATH
1121	Registration Dist. No. 213
Village or City Manne Oar (No.	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME is- stead of street and
wind a death of the state of th	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Amule Amule Single, Married, Widowed OR Divorced (Write the word)	16 DATE OF DEATH 9, 1936  February (Month) 9 (Day) /936Year)
6 DATE OF BIRTH  MONTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 9/29 1935 to 2/9, 1926, that I last saw her alive on 2/9/36, 192
7 AGE     If LESS than	and that death occurred on the date stated above, at 8.55 m.
70 yrs. 2 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:  Cerebral hemorrhage.
(a) Trade, profession or particular kind of work	arterio-sclerosis, Duratini Unknown cuto
(b) General nature of industry fusioness, or establishment in which employed or (employer)	(Duration) yrs. 4 mos 20 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary Constitution Contributory Secondary Constitution Contributory C
10 NAME OF John Graffer	(Signed). Harry m. moore M.D.
OF FATHER  (State or country) Hyelenek A. M.	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER MANDETH HOY	Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mulirick Co. M.	At place 10 yrs. b. mos. ds. In the 70 yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) W. Land B. John fill	Former or usual residence
(Address) Oak On. Suland Cark	Smit Ridge Lemetry Pet. 12 , 1936
Filed File. 11, 1926 M. R. Scalla Megistrar	GENTAL - Schwal. SOLPHIAR. ADL
If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1951

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,").

as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carchoma, Sarcoma, etc., of .. (name origin; "Cancer" is loss definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

Length of residence in city or town where death occurred	STATE OF MARYLA	AND—CERTIFICATE OF DEATH
Village or City    No.   (If death occurred in a hospital or institution, give its NAME instead of street and number)	1. PLACE OF DEATH	11-0
Length of residence in city or town where death occurred	County Usille Wills	Registration Dist. No.
Length of residence in city or town where death occurred	Village or City Lother and P	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  OR DIVORCED (write the word)  S. If matried, widowed, or divorced (us) RADE  (WORTH)  (W	Length of residence in city or town where death occurradyrs.	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)  5a. If matried, widowed, or divorced (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  IT LESS than 1 day,	2. FULL NAME CO CO & CU	With F I Suculy x
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word)  6. ATE OF DEATH  7. AGE  Years  Months  Days  If LESS than  J HEREBY CERTIFY, That J strended decessed  Months  Days  If LESS than  J HEREBY CERTIFY, That J strended decessed  J J J J J J J J J J J J J J J J J J J		
3. SEX  4. COLOR OR RACE OR DIVORCED Carrier the word)  5. If marined, widowed, or divorced HUSBAND of (Cr) WIFE of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  1 If LESS than  1 lday, hrs. or min.  8. IT rade, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEEPER, etc. b. Industry or business in which work was done, as SPINNER, SANYER, BOOKKEEPER, etc. c. Date of cecased last workad at year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT  (Address)  18. BURNAL, CREMATION, DR REMOVAN  Manner of Injury		
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	WIDOWED, in the word)  21. DATE OF DEATH  193.6
To AGE Years Months Days If LESS than 1 dayhrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work and at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOYAN (Address)  18. BURIAL, CREMATION, DR REMOYAN (Address)  18. BURIAL, CREMATION, DR REMOYAN (Address)  19. Mainer of injury (Manner of injury) (	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
7. AGE  Years  Months  Days  If LESS than  1 dayhrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEFER, etc.  9. Industry or business in which work as done, as SPINNER, SAWYER, BOKKEFER, etc.  9. Industry or business in which work as the secased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, DR REMOYAN  19. Mane of injury  Manner of injury	6 DATE OF RIPTH (month day and year)	935 Hast saw hall alive on J. Chr. 3. 1936; death is sa
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOLOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, DR REMOVAY  19. Manner of Injury	7. AGE Years Months Days If	ay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
A. Industry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, DR REMOVA)  18. BURIAL, CREMATION, DR REMOVA)  19. Manner of Injury	8. Trade, profession, or particular kind of work done, as SPINNER,	Tillelle Broulker
11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (State or country)  18. BURIAL, CREMATION, DR REMOVAL  19. Date (injury)  10. Date (injury)  11. Total time (years) spent in this occupation Other Centributory Causes of Importanca:  Name of operation What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury  Manner of Injury	A. Industry or business In which work was done, as SILK MILL,	and the state of t
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL  19. Manuel of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury	Date deceased last worked at this occupation (month and spent in this	his -
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL  19. Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury		K. M. A. Other Contributory Causes of Importanca:
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL  19. Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Manner of Injury	13. NAME TENTO	III
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, DR REMOVAL  (Manual Description of the following:  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Manual Description of the following:  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	4 14. BIRTHPLACE (city or town)	
16. BIRTHPLACE (city or town). Chill Chill Lef Accident, suicIde, or homicIde?	15. MAIDEN NAME Co frici Pas Ke	
17. INFDRMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  20  36  Manner of Injury	16. BIRTHPLACE (city or town) Usual Osci	Accident, suicide, or homicide? Date of injury, 19
Adam March	777	
	adam Maris	7 15 1
19. UNDERTAKER Matter Securio 24. Was disease or injury In any way related to occupation of deceased?  (Address) Johnson 19. Undertaken 19. U	41	
20. FILED 2/5-, 1936 DVA Claritor (Signed) J3 Lothise: Landers (Address)	20. FILED	7.7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	BY	PHYSICIAN
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annipolio

1	1. PLACE OF	F DEA	тн				(R6-a) ×	1	595
	County	A	nne Arui	ndel			Registration	Dist. No	21
	Village or C		Annapol.	Carring	PORATE LYMITE	f death occurred in a hor	Experimental repital or institution, give its NAME on in U.S. if of foreign birth?	instead of street	and number)
		7.5			VIA SINKE				
1					ital Stat		X		
	(a) Resident	ce: No. 1	vaval E.	(Usual place	of abode)	1 0 St., W	ard. If nonresident	give city or town	and State
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	ME	DICAL CERTIFICATE	OF DEAT	Н
	sex female		R OR RACE	5. SINGLE, MAR OR DIVORCE WICOWE	RIED, WIDOWED, D (write the word)	21. DATE OF	DEATH February	23	, 193_6 (Year)
5a.	. If married, widow HUSBAND of	ed, or divo	rced						
	(or) WIFE of	John	n Sinke	1		22. Da 1 H	10/	That I atten	nded deceased from
				00 10	1050		Datio.	)	19.76
-	AGE Year		y, and year) 10	ec. 18,	1850	1 last saw h	the date steted above, at 4.7.0	7/, 192	/>-; death is said
"			niontiis O	1	I day,hrs.	A STATE OF THE REAL PROPERTY.	USE OF DEATH and releted cause	es of Importance	
-	8. Trade, profes		rticular	1 5	ormin.	were as follows:	Die 1 161.	1.0	Date of onset
NO	kind of w	ork done,	as SPINNER,	none			rear f	- You	Wee L
CUPAT	9. Industry or business In which work was done, as SILK MILL.								
000	10. Date decease	ed last wor pation (mo	ked at	Sp31	me (years) it in this ipation				
12	BIRTHPLACE (cit		Skel	leftea, Sweden	1	Dther Contributory	Causes of Importance:		71.
ER	13. NAME		unkn	own		- Cases	e munum		
FATHER	14. BIRTHPLACE		unk	nown		Name of operation	10	Date	1431
2	15. MAIDEN NAI		unk	nown		-	diagnosis llulled h	2	an autopsy?_20.
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) UNKNOWN  (State or country)						N .	homicides accident	Date of injury	^
17.	. INFORMANT _ M	r. A	lbert J Exp. S			Specify whether inju		town, county and	I State) C PLACE,
18.	BURIAL, CREMAT			CHULOII,	Annapoli	Manner of injury	Heel Down.	41.10, 1	melnua.
	Placeans	water	lis, md	Date Ful	. 26 ,19.36		ses Justines	1 huel	11/1/1/
	Ceda	Tohn	luff Clm	itery				7	2/1
19.	. UNDERTAKER	Anna		Lor, Md.		if so, specify	njury In eny way related to occupa	ition of deceased	!
	7 7	T. C.	37.0	0-14	alal-	(Signed)	Illeist.	rede	Man 11 D
20.	, FILED	J	19	- July	77	(Addrage	a) Chu	estala	1101

V. S. No. 1

MARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAI

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See instructions on back of

AGE should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DE	ATH			(131) Y
County A . A	•			Registration Dist. No. 22
Village or City	Severn			No. St. Wa
Length of residence i	n city or town where	death occurred 75	yrs 10 (I	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	Evaline	Smith		<i>y</i>
(a) Residence: No	0			St., Ward.
		(Usual place o		If nonresident give city or town and State
1	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. co	White	5. SINGLE, MARR OR DIVORCED Marr	(write the word)	21. DATE OF DEATH  February 5th 193 6  (Month) (Day) (Year)
5x. If pagried, widowed, or with SBAND of (or) WIFE of	Henry F.	Smith		22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month,	day, and year) A	pril 2nd	1860	1   1936, to 3et 3   1936; death is sa
7. AGE Years 75	Months 10	Days 3	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 9 - 4 - m.
9. Industry or busines work was done, SAW MILL, BAN 10. Date decessed last	ne, es SPINNER, KEEPER, etcH sin which as SILK MILL, K, etc	Home	ne (years)	Date of one Date of one Chronic interstition nephritis
this occupation (year)  12. BIRTHPLACE (city or tow (State or country)		occup	In this ation	Other Platributory Causes of importance:  Chronic Meritage  Chronic Meritage  Chronic Contention  Chronic
13. NAME Jam	es Durne	r		mysteratio agule
13. NAME JAM  14. BIRTHPLACE (city or (State or country)	towii)	rvland		Name of operation meha Preumpate of
15. MAIDEN NAME	? M:	eyers		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Maryland (State or country)				23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Mr. (Address)				Where did injury occur:  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF Plece Friend		Date Feb	7th ,19 36	Manner of Injury
19. UNDERTAKER (Address)	Inou	chner &	Sont	24. Wes disease or injury in any way related to occupation of deceased? The
20. FILED Febry STR	136 11	1. Jones	O Registrar.	(Signed) DY Depte M. M.
/	If more	blanks are needed, ad		(Address) ff further fly S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the dcceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of Emlepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenleritis Gallstones 1 year

Dr.	JOS	Lipskev	1
		en ton, Mc	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(43) x 1/2
County Chile Creenfel	Registration Dist. No. 🔗 🔾
Village or City Tharley - Glew Burne 1. (If	No
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Smith	Α
(a) Residence: No Marly - Glen Gumie	, Q, , Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (furite the word)	21. DATE OF DEATH
Male while waser.	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of July	10/6/35,19,10/2/19/1936
6. DATE OF BIRTH (month, day, and year) 14 aug - 1934	I lest saw h. 1.773. alive on
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	marasmus Date of onest
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	ago
	0
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
this occupation (month and year)	
marlin	Other Contributory Causes of Impostance:
12. BIRTHPLACE (city or town).	Eszerna Ory/ Memalosum / Wessey
	news of hearth &
13. NAME WILLIAM SMITH 14. BIRTHPLACE (city or town) Balton orl	
4 14. BIRTHPLACE (city or town)	Name of operation Data of 9
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Waris M. Carfill 16. BIRTHPLACE (city or town) Baltam ore	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide2
(State of Country)	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AS INCLUDING FOR MINISTER OF THE PARTY OF T	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place edar Hell Date Telley 20 1936	Natura of injury
The way	9.
19. UNDERTAKER nomas (O Singellon (Address), Alem Burne 2 mid	24. Was disease or Injury In eny way related to occupetion of deceased?
4.1 24 2/ 20 12 00000	(Signed) Harry In Moore M. D.
20. FILEDT W. 20, 1936 M. T. Delo Registrar.	(Address) IAle Bistanda
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage   MAR 3 1990	July 5, 1927	Peritonitis	3 days ago
SUREAU Y. S.		y	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

" v.

Ward

Date of onset

1. PLACE OF DEATH County Anne Arunde 1

10		- 1
egistration	Dist.	No. 21/

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Baltimore, Midaud.

State Hospital

If nonresident give city or town and State

Length of residence in city or town where death occurred yrs mos. ds. How long In U. S. if of foreign birth? yrs mos. ds. 2. FULL NAME Morgan Stansbury If U. S. Veteran, specify WAR. (a) Residence: No. 917 Parish Street PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Colored Male 5a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of 1895 6. DATE OF BIRTH (month, dev. end yeer) 7 AGE 41 if LESS than Devs 1 dey.\_\_\_\_hrs. or\_\_\_\_min. 8. Trede, profession, or perticuler kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... O. Dete deceesed lest worked at 11. Totel time (yeers) spent in this this occupetion (month end occupation \_\_\_\_ Unknown 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town)\_\_\_\_\_ (Stete or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)..... (State or country)

Hospital records

S.W. Chase & Son

L38 N. Gilmore Street

State Hospital

That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

to heve occurred on the date stated above, at \_4/20\_mP . M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance

February 6

Chronic intertitial nephritis

Other Contributory Causes of Importence: Chronic mvocarditis

Name of operation

Whet test confirmed diagnosis? ..... Was there an eutopsy? .....

23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of injury\_\_\_\_\_ 19\_\_\_\_

Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.

Menner of Injury

Neture of injury.

24. Wes disease or miury in any wey releted to occupation of deceased?\_\_\_\_

If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

statement G properly may plnods that instructions plain carefully important. E DEATH be should EOK -WRITE

BINDING

RESERVED

MARGIN

OCCUPA.

plnods

mation CAUSI

19. UNDERTAKER

20. FILED ....

(Address)

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Example I		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
127707700000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

for-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-Y-	
f in	d st	Ş	
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.e.	SIC	state	
S	PHY	set s	
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AN	A C	ssifi	
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A P	ed ]	erly	ficat
IS	stat	prop	certi
HIS	pe	be	jo
L	pluo	may	back
INK	sh	t it	on l
SNG	AGE	tha	ions
ADI	d.	8, 80	ruct
NF	pplie	erm	inst
H	ns /	ain t	See
WIT	fully	n pla	nt.
, K	care	ľH i	orta
E	pe	EA	imp
PLA	plno	FD	rery
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	n sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
WRI	afio	VI	NOI
1	m	0	T
20			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1357
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State Hospit	
1 6 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME MARY STRONG	If U. S. Veteran, specify WAR
(a) Residence: No. WORGISTER COUNTY, MAR	YLSIND Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female black OR DIVORCED (write the word) married	Mebruary 25th 193 6
a. If merried, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBANO of (or) WIFE of Unknowh	August 1st 184 Feb. 25th 1866
DATE OF BIRTH (mostly day and was) 1902	er Feb 25th 76
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2: 25P mil.
34 IInknown Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows: Pulmonary tuberculosis Oste of onset Lyr 6mo
kind of work done, as SPINNER, Factory work	er
andustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
11. Total time (years) spent in this —— year)	
	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Unknown (State or country)	
13. NAME Williem Bowie. dead	
14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation
5 15. MAIDEN NAME Melvins Warum	What test confirmed diagnosis? Was there an eutopsy?  23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur?
7. INFORMANT Hospital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Crownsville, Maryland	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oate	Nature of injury
19. UNDERTAKER Dr. A. H. Wrule one Duff	24. Was disease or injury in any way related to occupe in of deceased
(Address) Walesburg -	If so, specify
20. FILEO 1/2), 1936 2. 7 Joyce	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
Registrar.	(Address) Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAD  Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1936	July 5,1927	Peritonitis	3 days ago
L V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

V. S. No. 1

STATE OI	MARYLA	ND-CERTIFICATE	OF	DEATH	35	Į
				TOWNS THE LIMIT OF	00	902

1. PLACE OF DEATH	LOR WITHIN CORPORATE LIMITED
County Anne Arundel	Registration Dist. No.
Village or City Annapolis, Marylan	
Things of only	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 7 mos. 20 ds. How tong in U.S. if of foreign blrth? yrs. mos. ds.
2. FULL NAME John Hamilton TELF,	AIR, Jr. If U. S. Veteran, specify WAR Not veteran
(a) Residence: No. US Naval Academy,	Annapolis, Maryland, X
(Usual place of about	de) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write Single)	re the word) February 29 1936.
5a. If merried, widowed, or divorced Next of kin: Dr.	.J.H.
5a. tf merried, widowed, or divorced Next of kin: Dr. HUSBAND of Telfair 900 Grande Cor. (or) WIFE of New York, N.Y. (Father	ncours 32. I HEREBY CERTIFY. That I attanded deceased from 2/29/36
Bana 10	1915   last saw h im alive on 2/29/36 19 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	f LESS than to have occurred on the date stated above, et. 5:50
	ey,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	Pneumonia, lobar 2/22/36
kind of work done, es SPINNER, Mid an inmon	3 70
I de Industry of Austrace in which Class. U.S. Na	vy,
work wes done, es SILIUSL, Naval Academ SAW MILL, BANK, etc. 10. Dato deceased last worked Annapolish Towns Towns West	Yand
this occupation (morth and year) occupation	is 18 mo
	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) New York, N.Y.	Pneumococemia
(State or country)	
E 13. NAME Dr. J.H. Telfair,	- N-
900 Grande Concourse, New Yo	Name of oparation Date of Date of
(State of Country)	What test confirmed diagnosis? Cal & Laboratory Was therean autopsy?No
15. MAIDEN NAME UNKNOWN	23. If death wes due to external causes (YIDL ENCE) fill in elso the following:
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Date of injury, 19
S (Stete or country)	Where did injury occur?
U.S add Navel Hospital, Annapolis	.Ma .
18. BURIAL, CREMATION, OR REMOVALU . S. Naval Cem	etry / Manner of Injury
PlaceAnnapolis, Md. Dete 3 2	Neture of injury
19 UNDERTAKER B.L. Hopping,	24. Wes disaese or injury in any way related to occupation of daceasad? No
170 Mest Street, Appapelis, Md.	
20. FILED Mar 1 , 1936 X Much	(Signad) A.H. DEARING, M.D.
Was 195 Please 1950 Property	Hegistrar. U.S. (Advaval Hospital, Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy . ,	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	* (	
	· Carrier in the carr	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

M

BINDING

ARGIN RESERVED

S. No. 1

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Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATI 1. PLACE OF DEAT Urundel should Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) .mos.\_\_U\_\_ds. How long in U.S. if of foreign birth?... PHYSICIANS ucher If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Dev) 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than Oays 7. AGE 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.... pe jo may back 9. Industry or business in which pluods work was dona, as SILK MILL, SAW MILL, BANK, etc..... Date decaasad last worked at 11. Total time (years) on this occupation (month and spant in this that occupation . instructions Other Contributory Causes of importance (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) 2 workels carefully a MOTHER important. 15. MAIOEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?... pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoy 17. INFORMANT (Address) 18. BURIAL, OREMATI Mannar of injury WRITE Nature of injury 24. Was disease or injury in any way related to occupation of decaasad? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED ... Registrar.

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Date of onset

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I		Example II	
The principal cause of dea of importance were as foll	ath and related causes, ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	P. C. S. L.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAK 27 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	,	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:	Annabas bada	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				~ .
		1		

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 136	34
1. PLACE OF	BEATH			46.B	
County _	Inne Cle	undel	,	Registration Dist. No.	/
Village or Ci		1	MATORPORTE	No. 23 Wagner St.	3 Ward
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o contraction	1	n ()f	death occurred in a hospital or institution, give its NAME instead of street and	
Length of resid	lence in city or town where d	eeth occurred	yrs mos	ds. How long in U/S/ if of foreign blrth?yrsr	mosds.
2. FULL NAM	ME Josephu	uce of	18. Mlm	an If U.S. Veteran specify WAR	101100-000-000-000-000-000-000-000-000-
(a) Residence	e ( No. 23 21	1a que	v'	St., 3 Ward.	
		Sual place	of abode)	If nonresident give city or town an	d State
PERSON	AL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	,
temale	Mule	11-1	irred	(Month) (Dey)	, 193_( (Yeer)
5e. If merried, widowe HUSBAND of	ed, or divorced	0.0			
(or) WIFE of	Teorge	Ulm	ran		d deceesed from
	0 *	ce 27	a 10/h	Nest saw h 22 alive on the 1936	19.226.
7. AGE Year	month, dey, and yeer) To	Deys	If LESS then	Mest saw h 2 alive on 4 2 , 19 % to heve occurred on the dete stated above, at 7 m,	; deeth Is sald
I. AGE	101	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance	
	08 1		ormin.	were as follows:	Date of onset
8. Trade, profess	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	House,	Mede	P. S.	
kind of we SAWYER,	usiness in which		· v-po	Carrier similar	anky.
Work wes	done, as SILK MILL, L, BANK, etc				
U 10. Date deceese	d last worked et	11. Totel ti	ime (yeers)		
yeer)	etion (month and		nt in this upetion		
12, BIRTHPLACE (city	Jely &	a V	2	Other Contributory Causes of Importence:	
(State or count				Archer Terrano	2/
13. NAME	Jolin	Heer	1	The management	-
13. NAME  14. BIRTHPLAGE	DI	e la		Name of averaging	
14. BIRTHPLACE		0	G	Name of operation	no
15. MAIDEN NAN	AF Trub	www		Whet test confirmed diagnosis? Was there an	
Ξ	9.	www.		23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (State or		Assura		Accident, suicide, or homicide? Date of Injury	, 19
1	7 910	,		Where did injury occur? (Specify city or town, county and St	ate)
17 INFORMANT	corge ou	man	hel mo	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
18. BURIAL CREMATI	ON, OR REMOVAL	1. Cimo	in mo	Manage of injury	
Place Place	0	Dete Tel	5 ,1936	Manner of injury	
-	10 n.	P		Trocare or mjary	20
19. UNDERTAKER	sery ly	Vay W	ran l	24. Wes disease or injury in eny way releted to occupation of deceesed?	100
(Address)	Cenn	apou	inga.	If so, specify	
20. FILED 7-1	19.36	HMus	N.C.	(Signed) Course Charles	M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

TION is very important.

V. S. No. 1

ż

# STATE OF MADVI AND CEPTIFICATE OF DEATH

		DE MINK	ILAND	CERTIFICATE OF DEATH 1363	
1. PLACE OF				82:0	
County				Registration Dist. No. 21	
	ty Annapoli		2 // (If	No. 5 Porter Road St., Wa f death occurred in a horpital or institution, give its NAME instead of street and number) s	. –
2. FULL NAI	WE CAROLYN	CURTIS I	FOWLE VOS	SSLER	
			U. S. Na	LValt., Academy  If nonresident give city or town and State	
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) Ed	21. DATE OF DEATH  February 8, 193 6  (Month) (Day) (Year)	
5e. If merried, widowed HUSBAND of (or) WIFE of	Francis A.	L. Vos	sler	22. I HEREBY CERTIFY. Thet I attended deceesed from 8 February 1936, to 19	
6. DATE OF BIRTH (	month, dey, and year)	une 26.	1884	lest saw Mer elive on 8 February, 1936; deeth is so	eld
7. AGE Yeer 5	ms Months	Days	It LESS than I day,hrs. ormin.	to heve occurred on the dete stated ebove, et 6 2 30 Am.  The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	
kind of w SAWYER, 9. Industry or 1 work was SAW MIL 10. Date decesse	ousiness in which done, as SILK MILL, L, BANK, etc d last worked at pation (month end	spa spa	rime (yeers) nt in this upetion	Cerebral hemorrhage 2-8-3	6.
12. BIRTHPLACE (cit (Stete or coun	y or town) Ishper try) Mi	ming, chigan	***************************************	Other Coutributory Causes of importance:  Arterial hypertension of marked  degree for past four years.	
ដ្ឋា 13. NAME	Edwin H. For	wle			
13. NAME 14. BIRTHPLACE (Stete or	(city or town)	unknow	<u>n</u>	Neme of operation None.  Dete of	
15. MAIDEN NAI	WE Emma Kl	app	7-2-9/200	23. If death wes due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAI  16. BIRTHPLACE  (State or	(city or town)		OMI	Accident, suicide, or homicide?	
17, INFORMANT CA	apt. F. A. aval Academ	L. Voss y, Anna	ler, olis, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
	apolis, Md.			Menner of injury	
19. UNDERTAKER	John M. Tay	lor,	0.4	24. Was disease or injury in any wey related to occupation of deceased? No.	
20. FILED TUR	16,1936	A YM	wife	(Signed) M	. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1364
state	1. PLACE OF DEATH	(167)
OCC \	County anne arundel Co md &	mergense Hospital/Registration Dist. No. 21
Ē \	Village or City WITHUN CORPORATE LIMITE	
0	()	death occurred in a horpital or institution, give its NAME instead of street and number)
NS I	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds
PHYSICIANS oct statement	2. FULL NAME Am Harry Wag	ner
SIC	(a) Residence: No. B 5 1,3 hr. Calvert 31	st., Ward. Balls had
HY t s	(Usual place of abode) Bal	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE   S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
ĭ. ⊞	OR DIVORCED (aurite the word)	21. DATE OF DEATH
T L ed.	5a. If married, widowed, or divorced	(Month) (Oay) (Year)
C iii	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
lass	(or) with the	71/2 , 19 , to
	6. DATE OF BIRTH (month, day, and year) 5,1127/9/4	I last saw h; death is sale
stated E properly certificate	7. AGE Years Months Dis If LESS than	to have occurred on the date stated above, etm.
stated properl certifica	21 J lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	of revolver short Deterofonset
be of	SAWTER, BUONNEEPER, etc.	#45 maliter through
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The hand self
she t it r on b	11. Total time (years)	The figure of the second
	this occupation (month and the spent in this occupation	inflicted : Suicidal.
A( so th	12. BIRTHPLACE (city or town)	Other Couty Sutory Couses of importance:
	(State or country)	
illy supplied plain terms, . See instru	13. NAME John Harry Nagner	
te i	14. BIRTHPLACE (city or town)	Name of operation Date of
y sul ain t	(State or country)	What test confirmed diagnosis? Was there an autopsy?
it.	E 15. MAIDEN NAME DENTE MAN DISCOURT	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefully EATH in plai important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	▼ (State or country)	Where did injury occur?
should be can OF DEATH s very import	17 INFORMANT STOWNS COLLEG Sciendo	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
hould OF D	(Address) Umas alter	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
and the second	Place 19 Date 19	Nature of injury
mation CAUSE TION i	19/UNDERTAKER WM STILL FSM	24. Was disease or injury in any way related to occupation of deceased?
FOF	(Address) Definite W	If so, specify
(7)	20. FILED 2 18 1936 Sept work 4	(Signed) supply mellone tone
	Registrar.	(Address) Cronspoles 1
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	Carlot M
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			4
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF	MARYL	AND-	CERTIF	CATE	OF	DEATH	136
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1. PLACE OF DEATH	CERTIFICATE OF BEATH 150.5
County Anne Arundel	Registration Dist. No. 21
Village or City Annapolis	No. Emergency Hospital St. 2 Ward
-	If death occurred in a horpital or institution, give its NAME instead of street and number) os. 10 ds. How long in U.S. if of foreign birth?
2. FULL NAME PAUL C. WINCHESTER	
(a) Residence: No. 98 Gloucester	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White	21. DATE OF DEATH February 27 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Caroline Winchester	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 17, 1876	Hast saw h Am alive on Fele. 77 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3.9:_m.
59 11 10 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Name of work done, as SPINNER, Insurance man,	Myocardial.
kind of work done, as SPINNER, Insurance man,	Justflewen Dec, 193
Industry or business in which work was done, as SILK MILL, Metropolitan Ins.	Chronic myocondiff is a coupy
	O . Duration i sty months
this occupation (month end 1935)  11. Total time (years) spent in this 33 occupation 33	
12. BIRTHPLACE (city or town) St. Margarets,	Other Contributory Causes of importance:
(State or country) A. A. Co., Md.	Clas anie arterial Haberteina dal
# 13. NAME Ogle Winchester.	Caravara occusion
13. NAME Ogle Winchester, 14. BIRTHPLACE (city or town)	Neme of operation I make Date of
(State or country) Maryland.	What test confirmed diagnosis? Chuical Was there an au'opsy? 40
15. MAIDEN NAME Ella Kent,	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland.	Where did injury occur?
17 INFORMANT Mr. Albert Winchester,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 98 Gloucester St. Annapolis	, Md.
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Date Feb. 29, 19 3	Manner of injury
St. Mary's Cemetery	Nature of injury
19. UNDERTAKER John M. Taylor	24. Was disease or injury in any way related to occupation of deceased? 710
(Address) Annapolis, Md.	if so, specify
20, FILED 2 28, 19 36 Jemushy	(Signed) for Millian M. D.
Registrar.	(Address) Annagables, M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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